Between Life and Death

THE STORY OF
C.E.Z.M.S. MEDICAL MISSIONS
IN INDIA, CHINA, AND CEYLON

BY
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AUTHOR OF
"BEHIND THE GREAT WALL," "BEHIND THE PARDAH," ETC., ETC.

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To the

Missionaries and Home Workers

of the

Church of England Zenana Missionary Society

this book is inscribed,

in token of warm friendship,

and with a grateful sense of the benefit of

their invaluable co-operation.

"Jesus went forth and saw a great multitude, and was moved with compassion toward them, and He healed their sick."—St. Matt. xiv. 14.

PREFATORY NOTE

A LARGE number of the Illustrations that appear on the pages of BETWEEN LIFE AND DEATH are the valuable work and generous gift of the Artists whose names appear on the title-page. This little volume is issued with the prayer that God may use it to deepen in many hearts a sense of the extreme need of Twofold Healing, which women in the East are suffering to-day, and that its perusal may hasten thither the feet of consecrated and competent women-doctors and nurses. For what a boundless field is awaiting the exercise of their high and holy calling it has been the prayerful aim of Artists and Authoress to depict. Shall their labour be in vain?

December, 1901.

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GLOSSARY.

N.B.—The code of spelling adopted in "Between Life and Death" is that known as the "Hunterian System," after Sir William Wilson Hunter, and used by the Indian Government.

Bázar—Street in which there are shops.

Chaddar—Veil worn by women.

Charpaie—A bedstead; literally a four-legged thing.

Chupatti—The unleavened bread commonly eaten by natives of India.

Daie—A name used for a midwife and for a foster mother.

Dál—A kind of pulse.

Dhurri—A native cotton rug.

Duli—A sort of Sedan chair.

Fakír—A religious beggar.

Ghitti—A narrow lane.

Kachcha—Unsubstantial: applied to "lath and plaster" building, &c.

Kurta—A part of the dress, answering to jacket.

Mela—Fair or any large gathering.

Nawar—Native tape webbing.

Panchayat—A gathering in a family or caste to settle any question. Five being a quorum, the name panchayat is used, as panch means five.

Pandit—Learned man.

Pardah—Seclusion of women.

Pice—Small copper coin.

Pípal—A large, spreading tree—sacred.

Puja—Worship (Hindu).

Pakha—Firm; applied to brick or stone building, &c.

Resai—A native cotton quilt.

GLOSSARY

AIDS TO PRONUNCIATION

a—Without an accent has the sound of *u* in *fun*, or *o* in *come*. Hence, *pardah* should be pronounced "purdah": *Amritsar*, "Umritsar": *Chaddar*, "Chud-dar"; *pandit*, "pundit," &c.

á—With an accent has the sound of *a* in *far* or *ah!*

i—Without an accent has the sound of short *e*, as *i* in *police*. Hence, *Bibi* should be pronounced "be-be": *Lachmi*, "Latch-mee."

í—With an accent has the sound of long *e*, as *i* in *pier*. Hence, *ghí* should be pronounced "ghee": *fakír*, "fakeer"; *hákím*, "ha-keem."

u—Without an accent has the sound of *oo*. Thus *puja* is pronounced "poojah," and *sudra*, "soodra."

e—Has the sound of *e* in *grey*. Hence, *mela* should be pronounced "mey-lar"; *Behar*, "bey-har."

o—Has the sound of *o* in *bone*.

ai—Has the sound of *y* in *lyre*. Hence *daie* should be pronounced "dye"

Little Patients and their Parents.

INTRODUCTORY.

"I have travelled for more than seven years in Asia, and as a traveller entirely unconnected with Missions except by sympathy and interest. As a traveller, I desire to bear the very strongest testimony that can be borne to the blessing of Medical Missions wherever they can be carried on as they ought to be. On the western frontier of China, I should say that a single Medical Missionary might do more than twenty evangelistic missionaries at the present time, and that there is room, I was going to say, for fifty Medical Missionaries in the world where there is but one now; and not only room for them, but a claim for them."—*Mrs. Isabella Bird Bishop.*

On the Road to Kucheng.

"WE have no *hákím** in the likeness of Jesus." It was the spontaneous avowal of some travel-stained, pain-worn Persians to whom a Christian lady traveller had been ministering simple remedies from her small medicine chest. "What do you do this for?" they inquired with perplexity. "I do it for the love of Jesus, my Master and my Lord," was her reply. Then with an outburst of genuine feeling they exclaimed, "You call Jesus your Master and Lord, and we think the same about Mahommed, but we have no *hákîm* in the likeness of Jesus."

What more beautiful definition of a Medical Missionary could there be? Does

* Literally priest-doctor.

it not touch the very heart of the Medical Missionary movement? The true *hákím* in the likeness of Jesus ministers the double cure, for soul and body, not from benevolence or any lesser motive, but simply that he may follow in the footsteps of the Lord Whom he loves—that First Great Medical Missionary Whose example he is eager to imitate.

It is time that apology for Medical Missions ceased and that unfair criticism passed away. Yet there are those to-day, who, unacquainted with such work except in theory, are ready to avow the system as at least open to question. They represent the Medical Missionary as one who, by the bribe of healing, is slyly seeking to subvert his patient's faith in a religion "good enough" for him. A remark made to the writer by an educated Christian Indian lady, a qualified medical practitioner, is worth quoting here. "One smiles sometimes at the arguments of cavillers who state (presumably on their own authority) that Medical Missions are a Jesuitical proceeding; patients are secured for treatment and then told that they must have a dose of the Bible first. The fact is that the people of India are so intensely religious themselves that they can far better appreciate good works when done in the name of religion than through philanthropy. The latter is a word they do not understand. Even a careless woman will be serious when she asks, 'Give me something in the Name of Jesus Whom you serve, and I shall be sure to get better.' Civilized people may and will call this superstition, but it really means the religion of an ignorant soul."

In all uncivilized heathen nations, the two offices of Priest and Physician are united. With the Chaldeans, Egyptians, Jews, and Red Indians it has been so. It is a natural order of things which commends itself to all men's hearts. In Mahommedan countries all Christians are expected to be able to heal.

There are traces of the Medical Mission movement

in the early history of modern Missions. As long ago as 1703, General Christopher Codrington, Governor of the Leeward Islands, bequeathed valuable plantations in the Island of Barbadoes to the Society for the Propagation of the Gospel in Foreign Parts, with the stipulation that an institution should be maintained there, in which the students "shall be obliged to study and practise Phisick and Chirurgery as well as Divinity, that by the apparent usefulness of the former to all mankind they may both endear themselves to the people, and have the better opportunity of doing good to men's souls whilst they are taking care of their bodies." The early Danish and Moravian Missions were among the first to send Missionary Physicians to labour in India and Persia between 1730 and 1747. But, since no permanent agency of this kind was established, it may be truly said that it is hardly more than a lifetime since the majority of Medical Missionary pioneers entered the field. Yet the rapid progress of Medical Missions has been astonishing.

More than once in the last two or three years the C.M.S. has received petitions from the inhabitants of bigoted Moslem cities begging that a doctor might be sent to them, and quite recently a heathen man presented the Society with a large building on condition that it was to be used as a Mission Hospital; a tangible testimony to native appreciation. By word and deed the people themselves are showing how deep is the impression made upon them by this agency. In India, at the close of a lecture by Dr. Chamberlain, of the American Arcot Mission, when nearly two hundred Brahmins, farmers, artisans, officials, and students were present, a learned Brahmin politely asked permission to address the meeting, and then said:—

"I have watched the Missionaries and seen what they are. What have they come to this country for? What tempts them to leave their parents, friends, and

country and come to this, to them, unhealthy clime? Is it for gain or profit they come? Some of us country clerks in Government offices receive larger salaries than they. Is it for an easy life? See how they work and then tell me. Look at this Missionary! He came here a few years ago leaving all and seeking only our good! He was met with cold looks and suspicious glances, and was shunned and maligned. He sought to talk with us of what, he told us, was the matter of most importance in heaven and earth, but we would not listen. He was not discouraged; he opened a Dispensary, and we said: 'Let the pariahs take his medicines—we won't.' But in the time of our sickness and distress and fear we were glad to go to him and he welcomed us. We complained at first if he walked through our Brahmin streets, but ere long when our wives and our daughters were in sickness and anguish we went and begged him to come, even into our inner apartments—and he came, and our wives and our daughters now smile upon us in health. Has he made any money by it? Even the cost of the medicine he has given has not been returned to him.

"Now what is it that makes him do all this for us? It is his Bible. I have looked into it a great deal at one time or another in the different languages I chance to know. It is just the same in all languages—The Bible—there is nothing to compare with it in all our sacred books for goodness and purity, and holiness and love, and for motives of action. Where do the English people get all their intelligence and energy, and cleverness and power? It is their Bible that gives it to them. And now they bring it to us and say, 'That is what raised us: take it and raise yourselves.' They do not force it upon us as did the Mahommedans with their *Qurán*; but they bring it in love and translate it into our languages and lay it before us, and say, 'Look at it, read it, examine it, and see if it is not good.' Of one thing I am convinced: do

what we will, oppose it as we may, it is the Christian's Bible that will sooner or later work the regeneration of our land."

Thus, as Dr. A. T. Pierson observes, "Medical Missions are, not only destructive of superstition and false religion, but they are constructive of a new faith and life. Body and soul and spirit have all been poisoned and diseased by sin, and redemption must bring salvation to the whole man. We cannot sever sin from sickness, and we cannot but feel that there is more than a link of language between holiness and wholeness, or health."

Mackay, of Uganda, was right when he said, "All genuine Missionary work must be in the highest sense a healing work."

It may not be generally known that we in Great Britain are indebted to Americans for the idea of Medical Missions. In 1841, Dr. Parker, a Medical Missionary in connection with the American Board, when on his way home from China passed through Edinburgh, and while there was the guest of a well-known medical man, Dr. Abercrombie. He told him of the work in which he had been engaged, what a power it was, and testified to the value of Medical Missionary work in China. Dr. Abercrombie became so interested in the statements made that he called together a number of Christian medical men, and they talked over the matter. The result was that the Edinburgh Medical Missionary Society was formed, which has trained and sent forth scores of well-equipped men to the Home and Foreign Field. Since that time the wave of interest in foreign Medical Missionary work has spread throughout the whole of the Evangelical Church of Christ, and risen higher and higher, until, at the Student Volunteer Convention, in 1898, Mr. Douglas Thornton stated that, among British students, those preparing for medical service had so greatly increased in number that the majority of the Student

Volunteer body were now studying medicine. It is well known what proportions this branch of work is assuming in the history of the Church Missionary Society which, in connection with its Medical Mission Auxiliary, has instituted a special Prayer Union called "The Order of the Red Cross": its object being to quicken prayer, enlist service, and arouse interest in this expanding department of foreign service.

Volumes might be filled with remarkable records of Medical Mission triumphs in India, China, Japan, Formosa, Siam, and Burmah; and not alone in these great Mission fields, but in Africa, Madagascar, Persia, Central Turkey, and Syria, in many parts of the continents of America and Europe, and in the cities throughout our own land. This little book is but a black-and-white sketch that may serve to show some of the deep, dire need of suffering, Christless heathendom, and some of the glorious results achieved among its neglected women by the sanctified skill of women Medical Missionaries.

No student of Medical Missions will challenge the statement that Medical Missions are the most important manifestation at the present time in the whole world of the practical spirit of Christianity. A Mission Hospital is a moral text-book which can be read and appreciated by the most illiterate. And the Medical Mission work is a golden key that is to-day unlocking many of the most strongly barred fortresses of Satan. Look at some of the Mahommedan cities of Syria, Persia, or India. The people are steeped in bigotry. Mothers teach their children to hate the name "Christian." The very mention of Christ as the Son of God is the signal for a burst of indignation and a storm of curses, followed by more tangible opposition. Yet even such hostility melts away before the magical presence of a healer in their midst. "The foreign woman's instruments are good, her doctrine must be good also," is the simple, natural logic of a

grateful heart. A Medical Missionary, man or woman, can collect an audience wherever he or she may be, an audience whose suspicion is disarmed, since they recognize a friend and helper. The doctor's words, which are full of the gravest issues as regards life, health, and suffering, can scarcely fail to carry some weight when the subjects of Life Eternal and soul-sickness are being dealt with. In fact, we may safely assert that for the opening of new districts to Christian influence, and for breaking down obstacles to Gospel teaching, no agency can compare with that which meets and touches human souls in their deepest need through the Avenue of Pain, at the crisis when they stand between Life and Death. To the woman-doctor comes the little slave-girl almost murdered, the childless wife whose husband is about to discard her; the thirteen-year-old daughter-in-law whose mother-in-law has beaten her eye out; and the child whose poor little, crushed feet, inflamed and suppurating with decaying bones, appeal to her from the cruel bandages. They pour into her sympathetic ear the story of their lives. They will tell her what they will tell no one else in all the world of their sorrows and pains; they will allow her to do what they will allow no one else to do, and they will listen to the Gospel from her lips. It is an egregious mistake to suppose that to open doors that the Gospel may follow is the province of medicine. The physician, especially the woman physician, does open doors indeed, but she walks through them herself into the most inaccessible stronghold of heathenism—the home—taking the Gospel with her. Called to the inmost recesses of harem and zenana to take pity on mother or child, the woman Missionary doctor comes as the first streak of God's pure sunlight which permeates those polluted prisons; as the lowly yet true herald of that Sun of Righteousness risen with healing on His wings. Her tenderness and sympathy are a revelation to those whose souls

and bodies have alike been crushed and tortured by nameless cruelties and barbarities. To her is given, we say it reverently, the unveiling of the Face of a God of Love, in the light of Whose Countenance the shadow of death flees away.

It would be invidious, did space allow, to individualize by name the members of the noble army of healers who have gone forth; but our object, after portraying the need, is to draw special attention to the part assigned to women workers in this great field, and then to sketch in detail the ministries of lady doctors, medical workers, and trained nurses sent to India, China, and Ceylon by the Church of England Zenana Missionary Society. In this connection it is interesting to note that while America sent forth the two pioneers among women physicians,* the first fully-qualified lady to go from Great Britain to India (in 1880) was Dr. Fanny J. Butler, L.K.Q.C.P.I. and L.M., of the C.E.Z.M.S. As introductory to this brief record of women's Medical Missionary work as carried on to-day in some forty-four C.E.Z.M.S. Hospitals and Dispensaries, it is fitting that we should give, at least, an outline of the life-labours of this devoted servant of God, whose special field of service was Kashmir.

Dr. William Elmslie was the first Medical Missionary to set foot in that beautiful valley called by some the "Garden of God." And it was his appeal for women's Medical Missions that determined Miss Butler's missionary longings in the direction of full medical equipment. Accepted by the Indian male Normal School and Instruction Society,† Fanny Butler became the first enrolled student of the

*Dr. Clara A. Swain, who went to India in 1869, and Dr. Lucinda L. Coombs, who entered China in 1873, both of the American Methodist Episcopal Church.

†Since divided into two sections, viz., C.E.Z.M.S. and Z.B.M.M.

Women's School of Medicine in 1874, having passed second in the Preliminary Arts Examination out of 123 candidates, 119 of whom were men. At her L.M. examination in Dublin (King's and Queen's College of Physicians), she was told by one of the professors that her paper was the best he had ever had from any candidate. Thus equipped, in 1880 she went to India, and was stationed, first at Jabalpur, and next at Bhagulpur in the Central Provinces, where she had the charge of two Dispensaries and treated thousands of patients annually. Returning from her first furlough, in 1888, she accepted an appointment to begin medical work among the women of Kashmir. Renting a little house in the centre of Srinagar, the chief city of the valley, she opened a Dispensary, where, during the first year, five thousand patients attended. Soon a Hospital became a necessary adjunct to this ever-growing work, and a little house was thus utilized, capable of housing six patients. But as the native Government would not permit European Missionaries to reside in the city, in-patient work on any extensive scale was practically prohibited. It was then that Miss Butler's indomitable and tactful energy was displayed which finally overcame prejudice and obstruction, with the result that full permission was granted to purchase ground for erecting, not only a Hospital and Dispensary, but also a Mission House. But, alas! the brave doctor did not see even the foundation stone of the new building laid, for the strain of never-ceasing, always increasing "practice," in its highest sense, was too great. During seven months and a half, the new cases amounted to over 3,000, and the attendances to 8,832. During the same period there had also been 75 in-patients, and about 550 operations, mostly minor, had been performed. She was closely following in the steps of her Master. "There are indications," says a thoughtful writer, "that Christ's miraculous cures must have

cost Him an expenditure of nervous sympathy and emotion, which imparts a deep pathos to the saying of St. Matthew, 'Himself took our infirmities and bare our sicknesses.' He was literally mobbed by patients who left Him leisure neither to eat nor to rest. So it was with this "Doctor Miss *Sahiba*." Mrs. Isabella Bird Bishop, to whose generosity the building of the new Hospital was due, and who visited this pioneer in her isolated home just before her death, says, "It was a terrible sight to see the way in which the women pressed upon her at the Dispensary door, which was kept by two men outside and another inside. The crush was so great as sometimes to overpower the men and precipitate the women bodily into the consulting room. The evil odours, the heat, the insanitary condition in which Miss Butler did her noble work of healing and telling of the Healer of souls were, I believe, the cause of the sacrifice of her life."

All that was mortal of Dr. Fanny Butler was laid to rest beneath the shade of a large chenar tree in the little cemetery on October 28th, 1889. The same little boat, and boatmen, which had so often taken her to work in her Hospital, bore her quietly down the river to her resting-place. The native servants begged the honour of bearing her from the boat to the grave. "We have eaten her salt," they said, "and no other arms must bear her."

The call for consecrated women physicians has been responded to, and is being heard. During this last decade, twelve fully-qualified lady doctors, true Medical Missionaries, have been sent forth by the C.E.Z.M.S. into the foreign field. And if this little book shall be the means of leading only one more of Great Britain's gifted daughters to dedicate herself to the noblest, and perhaps divinest, calling for Christian womanhood, it will not have been written in vain.

CHAPTER I

BETWEEN LIFE AND DEATH

"Even the most cultured heathen nations of antiquity seem to have been lacking in those refined sensibilities which are so distinctively the insignia of Christianity. The heart of the world, when untouched by Christian sentiment, has always been singularly callous to the appeal of weakness and suffering. The fact that this is due, in many instances, to ignorance, or is the result of misdirected efforts prompted by superstitious notions, while, in a measure, it excuses the fault, does not alleviate the miseries of the victims."—*Dr. A. T. Pierson.*

A Native Musician.

"*Why* they have never known the way before,
I know not; but I ask, dear Lord, that Thou
Would'st lead them now!
Why in the hard and thorny path they pass,
Unloved, uncomforted, with none to bless,
In living death, I know not; but spare Thou
And lead them on!"

HERE in England there is one doctor for every seven hundred people. In India, even now, Government servants included, there is only one to every 500,000 of the immense population; while in China, yet more appalling fact, there is only one

qualified and registered doctor to every 2,000,000 of its teeming people.

In India, the total number of deaths every year is between five and six millions. The vast majority have received no real medical attendance whatever in their last illness. Though the old system of charms and incantations is passing away, though fewer cruel remedies are applied, the *hákím*, the priest-doctor, the native quack, is their only resource in the case of vast multitudes. And it must be remembered that, as the wave of Western civilization, education, and science advances, it reaches first the men and benefits them, while as yet it scarcely touches the women in the seclusion of harem and zenana. Severe conventional rules of society exclude their participation in public progress and boons. But at the same time, in spite of improvement and all that is being done under the British Government, British philanthropy, and British Christian Missions, it is true, as estimated by Sir William Moore, that "not five per cent. of the population is reached by the present system of medical aid. Even in great cities, where there are Hospitals and Dispensaries, more than half the people die unattended in sickness either by educated doctor or native quack." "If this is the case in the cities," writes Dr. Wanless, "what must be the condition in the 566,000 villages, each with a population of less than 500, not to mention large towns of 1,000 to 5,000 inhabitants, without even a native doctor?"

Who can possibly gauge the amount of suffering and anguish, unrelieved if not aggravated by unscientific skill, which lies behind those figures? Let us lift the veil that curtains from our view some scenes which might well chill our life-blood and thrill our soul. Only *some* scenes. Others are too awful for refined Christian womanhood to contemplate, and must be omitted from these pages. Yet, let it be

remembered that, whatever can be told is but the fringe, the outskirt, of the story as it might be depicted.

We will turn first to our Indian sisters. As we have elsewhere remarked, the sadness which surrounds the life of the Indian woman in health is intensified a hundred times when illness and suffering come.*

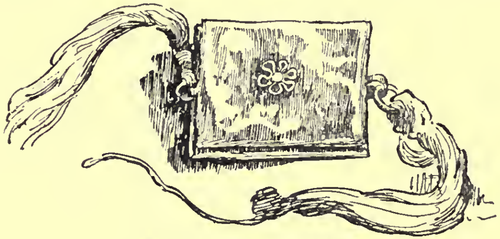
In the villages of India the most elementary rules of sanitation are completely ignored, and the very proprieties of hygienic living are totally disregarded. Water for drinking purposes will be drawn from river or tank used as public baths. Sir Richard Temple states that impure water in India has produced more physical mischief than any cause whatsoever, and perhaps as much mischief as all other causes put together could produce. In 1894 the Health Officer of Calcutta expressed his opinion that the high infantile death rate was due to the ignorance of parents and the insanitary condition of the houses. "Such details," says a lady doctor on the field, "as no furniture, mud floors, dirty clothes, &c., have become so familiar that they cease to impress me. Of course, too, the doors are so low that even short people have to stoop to enter."

There are few Indian homes of any size without some sufferers in them. Besides chronic cases, fevers and other diseases are so common that a large house seldom has a clean bill of health. It would seem that, if any course is more foolish and useless than another, it is the one most likely to be adopted by the invalid or her friends. "The idea of making an invalid comfortable," says a Missionary, "would never enter their thoughts unaided. She finds her way to some dark corner, wraps her head in a dirty blanket—one wonders how she breathes!—and groans aloud, while all around the family sit chattering with the neighbours and friends who have called to make inquiries. If the

*See "Our Suffering Sisters," in *Behind the Pardah.*

disease threatens to last long, a horrid old woman is called in, who looks wise, doses her with herbs, shampoos her a little, and, having been well paid, goes off. The patient being no better the next morning, the doctor is changed. This cne applies some nasty compound with a sickening smell to parts which are supposed to be affected, and also pockets a fee; and so on through a round of remedies, whilst the patient, nothing bettered, grows worse."

The universal Oriental belief in evil spirits is rife with the women of India. Among the waiting crowd at a Dispensary may be heard a snapping of fingers. Someone is indulging in a yawn, and by this trick she hopes to scare away any evil spirit that might



A Sacred Writing Charm.

find its way down her throat as she gapes! Almost everyone wears one or more charms, the most popular kind being a small piece of paper with words inscribed on it by a devotee or religious teacher. This is folded squarely, tied up and sewn in cloth, and attached by a string to the neck, arm, or leg. A large portion of Hindu worship resolves itself into propitiation of evil spirits; and one of the crudest forms of heathenism is that which deifies disease, attributing small-pox and similar complaints to a goddess, addressed and worshipped as "mother." Numerous shrines dedicated to the goddess of small-pox and cholera, scattered over India, testify to the firm belief held that special deities preside over these epidemics. During an

outbreak of these complaints in the Tinnevelly district in 1892 it was given out that the goddess had a thorn in her toe, and until it was out the epidemic would not abate. The remedy was to make offerings at her shrine with great tom-toming. It is the women who, in their ignorance and with their fervent religious instinct, cling most tenaciously to superstitions and are the firmest believers in demonology. This belief is nourished by the teachings of their *hákíms*, or priest-doctors, who may be seen repeating verses out of their sacred books to cure someone who has been bitten by a scorpion. Nerve diseases, especially, are considered to be caused by the presence of an evil spirit that must be driven out, often by the most brutal treatment, which usually succeeds in driving out the spirit of the person by death. In one house visited by a South Indian Missionary a woman passed away who had been the victim of ill-treatment and neglect. Her spirit was supposed still to inhabit the room, and lest she should come through and wreak vengeance on her relatives, they not only fastened up the apartment with double locks, but every crevice in doors and windows was plastered up with mud.

A C.E.Z. Missionary, called to visit a Zenana patient, found a girl of about seventeen lying on the floor, in the most wretchedly filthy state imaginable, apparently dying of fever. Some five or six women filled the tiny room, the atmosphere of which was almost unbearable. The first thing to be done was to get these women out of the way, especially as they refused to touch the patient because of ceremonial impurity. It was with great difficulty that the lady doctor secured some hot water to bathe her patient, and that she was permitted to place the poor little sufferer on a bed. There was a bed waiting for her when she was better, but it was contrary to custom that she should use it at first. The girl's life was saved,

but the incident is only one of hundreds taking place every day in high class Zenana life.

Callousness born of a dismal fatalism and ignorance, the outcome of captivity, reign supreme behind the *pardah*. Not long ago a lady Missionary, summoned to a Zenana, found her patient, a young bride in her teens, slowly dying. On a bedstead about a foot from the bare floor, with a few rags about and beneath her, in a damp, dimly-lighted room devoid of any furniture, and without a touch of sympathy from a woman's hand or voice, life was ebbing away. Every time she fainted, the old mother-in-law would hasten off to cry, "At last she's dead! She's dead!" And when the last moment came, no one but the Missionary doctor was beside the lifeless body. Every one of the noisy, helpless women had run off.

Most of the medical and surgical treatment in Zenanas is done by a set of ignorant, low caste women who are called *dáies*, and often their work is simply murderous. "Only this summer," says Dr. Grace Adams, of Dera Ghazi Khan, "I saw two cases treated surgically by women barbers; the most frightful incisions were made, and the case was then left to nature—and dirt! No dressings or protection of any kind."

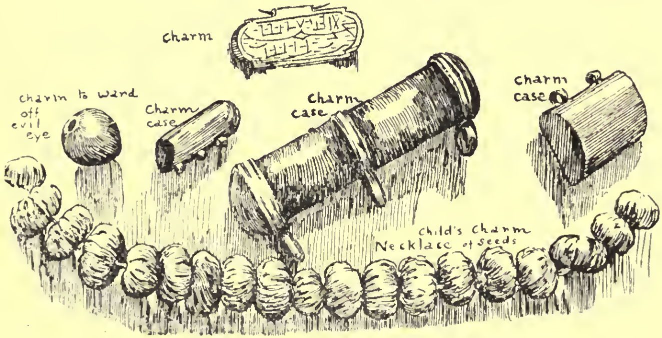
Dr. A. F. M. Cornall (Z.B.M.M.) at Patna, says: "One medicine will be tried and then another; finally a *hákím* is called in who prescribes entirely from hearsay, or from a hand extended from behind the sacred *pardah*. His medicines proving unavailing or increasing the malady, some *Iunani itij*, or Greek medicine, is tried. This, too, proving useless, it may be that at last the English "Doctor Miss *Sahiba*" is called in, and then, bit by bit, the tale is elicited of all the treatments and remedies the poor sufferer has undergone, sufficient, most of them, to have caused the entire suffering."

Numberless mothers and babes fall victims to the

unspeakable neglect and nameless barbarities practised upon them in their hour of peril.

The following account of the treatment of women is by an Indian princess of the highest caste, who describes what happened to herself. She writes :—

"It is the custom of our people at a confinement that the mother is isolated from the family. A small thatched hut, about 6ft. square, with no windows and no air holes, is constructed. The floor is of mud, and in one corner of the house is placed a fire, which burns day and night, to keep out evil spirits. In the hottest day, when the temperature is as high as 110°, the fire must still be kept on. The door, which is made of mats, is kept fast closed.



"When a poor mother sees this house put up, terrors take hold of her, for she feels as if her days were numbered. Many are suffocated; and the house may take fire, and the inmate, unable to make her escape, perishes in the flames. Such is our custom. No relative ever may come near on pain of losing caste.

"In such a house I was made to remain several days. My agony was intense. I screamed for help, but no one would come near me. I lay on the damp clay, with an old mat under me, and, except some water, thrown on the floor to wash it, by the nurse,

an old woman, nothing was done for me. It was very long before all was over. Through the old woman's carelessness I was at death's door. Oh! how I did cry to the one great God to hear me, to save me, to look on me. With all my strength I called on Him, and He did answer me, and I knew there was a God, and that my father was right. My brother told the woman to leave me alone to die. No one would come near me. Although I was almost suffocated, no one would open the door for me. With much effort I pushed the door open. The fresh air revived me a little. My mother saw the open door and shouted to the old woman to shut the door, to prevent the evil spirits carrying away the child. I would not allow the door to be shut, and said that the evil spirits would not come near me. I often told my mother that our religion must be false, for my child was living, and the devils had not taken her away. I had no faith in our Hindu religion."

One more story may suffice to show the bitter need of India's shut-in and suffering women. A young wife, whose children had all died at their birth, was said to be very ill, and the Missionary was summoned. She found the patient lying in great pain on a hard, comfortless cot, faint and hysterical, and surrounded by a clamorous crowd of women, all talking at once and advising all sorts of remedies. The girl's mother was weeping bitterly, and the whole scene was calculated to turn the brain of a strong person, much more that of an invalid. Mrs. Sorabji, for she it was, insisted on being left alone with her patient, whom she laid upon a soft mattress, and soothed with food, kind, calming words, and a prayer, as she knelt beside her. The result was the girl rallied; her baby was born and survived, and the Missionary earned the life-long gratitude of the whole family, who could hardly believe that she had used no magical arts.

The utter disregard of infection by the Hindu is notorious. Measles, ophthalmia, small-pox, and cholera are regarded in the same light as ordinary fever. The idea of separation never seems to occur to them. If the rest of the family have not had the disease they may as well have it now. If they do, it was "written upon their forehead " long before. "I dare not say," says the author of *Light and Shade in Zenana Missionary Life*, "how often I have had to send away from school little girls simply covered with disease, and by doing so have surprised, not only the parents, but also the rest of the pupils, who saw no harm in sitting beside them." It is not uncommon, during a small-pox epidemic, to see patients carried through the streets by a procession of relatives and friends to intercede with the small-pox goddess. Some few years ago an outbreak of this scourge took place at Bhagalpur. Few houses seemed to escape. Still, the lady Missionary was not applied to, except in the case of an infant only a few days old. His mother was sitting on a bed close by, covered with the rash, and children were running in and out of the room at will! After this it is not surprising to know that any urgent recommendation to burn infected garments is met by an incredulous smile, as much as to say, "Does the Miss *Sahiba* think we are such fools as to burn good clothes?"

Perhaps China presents more physical suffering from want of medical knowledge than any other portion of the globe. Scattered here and there are homes and asylums for aged, orphans, and the incapable, but the Chinese code of charity is based mainly on the idea of accumulating merit as the reward of good works. Hence, side by side with these institutions, the most appalling callousness and indifference to suffering exists, hardly to be matched in any other part of the earth. From dread of contact with loathsome diseases, or from superstitious

fear of intervention by evil spirits, cases of cruel neglect abound. The sick, if homeless, are transported from doorway to doorway, since a Chinese subject is held responsible by Chinese law for the funeral expenses of a stranger dying at his gate, and he is also liable to blackmail under such suspicious circumstances. Chinese lack of sympathy is demonstrated by their attitude to those who are physically deformed. The blind in one eye, the deaf, the bald, the cross-eyed are all persons to be avoided, for they are looked upon as reaping punishment for some secret sin. Their peculiarity is employed as a description in such a way as to attract to it public attention. "Great brother with the pock-marks," says an assistant in a Dispensary to a patient, "from what village do you come?" "When the eyes look asquint the heart is askew," will be the loud observation made in the hearing of one whose eyes are afflicted with strabismus.

It is said that the daily mortality is not less than 33,000. The only remedy in times of plague or pestilence appears to be to organize a series of Buddhist services to expel the evil spirits supposed to be the cause of the calamity; or, as occurred some little time ago in Hinghwa city, they will roof in the whole of the chief street with cloth stretched from roof to roof, lighted lanterns being hung from bamboo poles. Naturally, this proceeding made matters worse by excluding sunlight and air; but it was supposed to conciliate the devils.

When illness overtakes the Chinese woman—and, indeed, her life may be said to be one of prolonged suffering, more or less—it is a sign that the spirits are displeased with her. A sort of wizard is called in, who, by a tremendous clanging and banging of gongs, endeavours for hours to drive the evil spirit away. Should the poor sufferer seem likely to die, she (like her Indian sister in similar circumstances) is removed

from her bed to the floor, where she is left to die alone, as it would be unlucky for anybody to come into close contact with one who had evidently so displeased the spirits.

China is notorious for the neglect of proper sanitation. "No matter," says a distinguished American Missionary of twenty-two years' standing, "how long one has lived in China, one remains in a condition of mental suspense, unable to decide that most interesting question so often raised. Which is the filthiest city in the Empire? To a foreign observer it is a standing problem why the various diseases, which ignorance and defiance of natural laws invite, do not exterminate the Chinese altogether."*

The condition of the streets, in town and village alike, baffles description. Refuse of every description from each house is cast out upon the common highway, quite regardless of the general public welfare. In the house dirt reigns supreme. The walls are begrimed with the smoke of generations, and neither man nor woman will attempt to displace it, since, in the first place, white-washing is tabooed because white is an unlucky colour, and secondly, too much displacing of furniture and sweeping of corners is disturbing and worrying to the evil spirits (with which every house is

* "Perhaps were it not for the abundant use of the fan, so common amongst them, even the Chinese might not be able to live in their crowded streets through the severe summer heat. Its constant use tends much to the comfort and, therefore, to the health of the people. They use the fan, not as Europeans, in a quick and hurried way, which requires some exertion and soon wearies, but with a quiet, uninterrupted motion, which, while dispersing the heated air and serving the purpose of a refrigerator, causes no fatigue.

"As tending to foster a healthy condition, the people are much in the open air. Their employments necessitate this; their houses, besides, are put together very loosely, and are thus well ventilated, and their shops and work-rooms have no fronts, so that those engaged in business are literally in the open air all the day long." —*W. Lockhart, Esq., F.R.C.S., F.R.G.S.*

peopled!), and bound to be followed with disastrous results. It has been well said that the Chinese will never be a clean people till they become a Christian people.

It is easy to understand that the homes of the women and children are hotbeds of disease. The idea of bathing their persons is as repugnant to them as the cleansing of their houses. Odours that would bring a pestilence in England are endured without a sniff of discontent; stagnant water and vile-smelling drains beside her "hall-door" do not trouble the house-wife, or cause her to protest. No wonder that, as surely as summer comes round, dysentery, fever, and cholera invade their houses, and children are left motherless, or mothers childless! Yet the survivors will attribute

Taoist Priest's Horn

such premature deaths to "the will of Heaven," steadily ignoring that they are the natural results of their own uncleanly habits. Occasionally they are pleased to refer it to the presence of the foreign Missionary. "One never-to-be-forgotten summer," says Dr. Annie Kearn, "Soochow was swept by cholera as by a mighty threshing machine. Hardly a house in all the city escaped. Night after night saw an endless succession of processions, designed to appease or to frighten off the cholera gods or demons. The canals were great, intersecting lines of light and

noise, for, in some way, the Chinese have got hold of the truth that the cause of cholera lies in the water; hence nearly all their racket is being kept up on the canals. One memorable night we found ourselves unwittingly heading a land procession, and several days later we heard that the sudden excess of deaths, which occured at that time, was due to the unfortunate accident of the presence of foreigners among them."

In a land of abounding poverty like China, where the women and children are treated as beasts of burden, the poor have no time to be sick. Ailments of wife or child are apt to be treated by the head of the household as of no consequence, and are constantly allowed to run into incurable maladies, because "there was no time to attend to them," or the man "could not afford it."

Small-pox, which we in Western lands regard as a terrible scourge, is so constant a visitor in China that the people never expect to be free from its ravages, and, like other Orientals, utterly fail to appreciate the foreigner's fear of contagion. Yet it is curious to note that typhoid fever is as much dreaded as scarlet fever is in Great Britain, and, through fear of infection, the sufferer is left entirely unattended.

As an instance of the low value put upon the life of a woman, the following incident may be recorded. A lady Missionary, called on to treat a poor, sick woman in Canton, begged the husband to let his wife have the good room in the house, and to give the poor room to the big buffalo. He objected: "If I put my wife in that room, and my buffalo in the inner room, the buffalo may get sick as my wife has got sick." The lady replied, "Yet your wife will die it she stays there. Give her a good room." "But," persisted the man, "if I give the water cow, this great buffalo, the poor room, and he gets sick, he will die; and it costs more to buy a water cow than it does a woman."

This brief sketch of the sick and suffering would

not be complete without some reference to the dying, and the treatment to which they are subjected while they lie still between life and death. Familiar as some of the details may be to our readers, we cannot forbear quoting from those now at work on the field, who have been and continue to be eye-witnesses under varying conditions of that saddest of all sights —a heathen deathbed.

It is considered of paramount importance that the Hindus living within easy distance of the sacred river Ganges should be carried there when *in extremis* that they may breathe their last within sight of its sin-cleansing tide. If this be neglected, the dying persons and their relatives incur unpardonable guilt. As soon, therefore, as it is discovered that the patient is sinking, he or she is hurried off on a *chárápie* to the river brink.

The *Kobiráj*, or family physician, alone is relied upon to state decisively the imminence of dissolution, and it is terrible to think upon what multitudes of human beings these men, who for the most part are ignorant quacks, pass sentence of death after mere examination of the pulse. We may safely say that thousands would recover if they remained in their homes, and were carefully nursed.

As soon as the *Kobiráj* declares that the disease will quickly prove fatal, a small procession, composed chiefly of men relatives, accompany the sick person to the river, who, on arrival there, is exhorted to look upon the sacred tide, and to breathe its magic name. Mud and water are then put upon the forehead of the dying, and also forced into the mouth. It is a happy thing for the sufferer if death quickly ensue; for if not, the *Kobiráj* having miscalculated the time, the end is hastened by frequent immersion in the water. But, in many instances, the dying man, or woman, or child, has to wait many days before life ebbs out. The utmost that is done by way of consideration for these hapless sufferers is sometimes to erect a comfortless

shelter at the *ghát*, where, after death, the funeral pyre will be lit, the body consumed, and the ashes cast on Mother Ganges' bosom to be carried to the sea.

Miss Brook, of Sukkur, has recently sent home the following pathetic account of a dying Sindi patient, which we give *verbatim*. She says :—

"I had been visiting, for some time, a poor woman who was very ill with chronic bronchitis.

"She would have medicine for a few days, and then stop, and then again ask for some, but I continued to visit her occasionally. One day I found her in a dying state. I saw she could not live many days, and spoke to her, as often before, of Jesus, and told her plainly that she could not live long. I asked if I should pray for her. She assented, and folded her hands whilst I did so. Then I asked her to pray for herself, and with great difficulty, for she could hardly speak, she asked God to forgive her and save her.

"When I went the next day, they had (according to the Hindu custom, which forbids a Hindu dying on a bed) placed her on the floor to die. They had been bathing her with the so-called 'holy' water of the river Indus, and a man was sitting on a cot, reading in a sing-song voice, from their sacred book. Many people were in the room, exclaiming, at intervals, as loudly as they could, '*Wah Guru! Wah Guru!*' ('Oh, Teacher! Oh, Teacher!'). They motioned to me to sit down. I asked them to let her lie down, and, as she had to die to allow her to die in peace. It is so dreadfully sad to see how they knock the dying about, lift them up roughly, make them sit, propped up, pull their hands about, make them touch various things, and go through their heathen ceremonies which they consider are necessary, at the time of death, in order to land them safely in the next life. And yet, poor things, they have not much faith in these ceremonies, for they afterwards turned to me and asked: 'Where do you think she has

gone? Has she gone to heaven? She died a painful death, but she was very good,' &c., &c.

"When I asked them to let her die in peace, and allow me to make her comfortable, she heard my voice, opened her eyes, and very feebly put out her hand, trying to beckon me nearer to her. Her son said: 'She is beckoning to you,' and made way for me to go close beside her. The woman herself could not speak then, but I was able to talk to her and again point her to Christ, and as I talked she grew more restful. The others, after they heard the name of Jesus, kept saying to her: 'Say *Wah Guru!* Say *Wah Guru!*' But she could not, or would not, say it. It was a strange scene. They, thrusting at her the names of their Hindu gods '*Siri Ram! Siri Krishna!*' &c., and I, in the quiet pauses, telling her of Jesus and His love, and of what He had done for her. I stayed some time, for she liked to have me there. Every now and then she would open her eyes and look towards me, and so her soul returned to God Who gave it."

A thrilling description of a Mahommedan woman's death-bed is given by an eye-witness, a medically trained Indian lady:—

"A Mahommedan woman is taken very ill after the birth of her child. The Medical Missionary is called, who not only prescribes for her body, but gives a message from God for her soul, to which the friends do not object, as they are old friends of the Missionary, and are very fond of her.

"But alas! two doses of the medicine do not cure the patient; so they consult, and decide to wait only another day. The next morning the bottle of medicine is found almost full. '*Hai!** *Bibi-ji*, what is this? Why did you not give your sister-in-law medicine every hour?' The daughter answers, 'It is very heating. Is there any quinine in it?' 'No, there is no quinine; you must give her her medicine every hour.'

**Hai!* is an exclamation of sorrow.

They assure the Medical Missionary that they will if only she will change it. All the women follow the lady to the door, and wish to know if the patient will live; and on being assured that there is great hope, they promise to give the medicine properly, and nourishment too; but, alas! again only two doses are given, and at night the patient gets worse. No wonder; for she lies in a dark, little room, with a large fire in an earthen oven by her bed. There are only two doors, and they both open into similar rooms, but at present they are tightly shut; and, by the poor sufferer's bed, half a dozen women sit smoking two *huqqas**. The men are awakened to run for the doctor, but first a consultation, lasting for nearly two hours, takes place, as to which doctor is best. At last one is decided upon. He comes and gives his directions, but little does he know whether they will be carried out! He does not change the diet, but orders, as the Miss *Sahiba* did, soup and milk. (They cannot read the prescription; probably it is almost the same fever mixture.) But they exclaim the former is so heating, and the latter will produce catarrh. How many doctors have they had? Who can tell? In despair they say, 'Oh, let us call the first one again. All these doctors take a fee; the Medical Missionary does not insist on one.' So they go to call her again. We must consider. Is it right to go? The woman must be dying, but we can give her some message of love. They are told they have behaved very badly in going from one doctor to another; but the answer is, 'Do, do forgive us; we were in such a *ghabrahát*.† You are merciful—you will forgive us.' 'Blessed are the merciful.' We think of that, and feel we must go. But what is the old *Mai*‡ doing? The doctor had said the patient ought

**Huqqa* means pipe.

†*Ghabrahát* means state of restless excitement.

‡Respectful term for old women, meaning mother.

to be fomented, so the old *Mai* is fomenting her. 'Oh! the water is luke-warm; this will do more harm than good.' On questioning, we find out that for three days no nourishment has been given, except a few spoonfuls of water which has been blessed by a *Pír* (a holy man who is supposed to have attained to such a height of holiness that he knows everything in everybody's heart, and his blessing is sure to do good). All bewail, and tell all that they have done, but without relief. One old sage replies, 'Children, when the end of human life comes, the Angel of Death sits by and prevents anything from doing good.' Upon which they all cry and wail again; so the patient looks round and says, *Khair hai* (It is well); meaning to assure them that she is all right and fearing nothing. They are strictly told to give her nourishment, as well as medicine, all through the night. They assure us that they will do so, but also say, 'Oh! if she would only live we would trouble her to take it, but what is the good if she is going to die?' They are told that we must not despair of life, but do our utmost. And we add, 'Christ has promised to do all for us; we Christians pray to Him.' The answer is, '*Our* prophet is great.'

"Next morning, alas! it is too evident that the patient is dying of exhaustion. The room in which she lies, also the next one, and the court-yard, which is rather larger than they are generally, are full of women, and some men too (near relations). Her own husband, who holds a good Government post in an out-station, has not yet arrived; all are expecting him. There are more than fifty women present, and between them a good many *huqqas* going round. All pass some sad remark and weep now and then.

"Let us look at the patient. She recognizes the Miss *Sahiba*, and a little gleam of hope comes to us as some stimulant is given. The patient shuts her eyes and we hope she is going to sleep. In the next room

a blind man is sitting, and shouting portions of the *Qurán* in Arabic*.) No sooner does she shut her eyes, than about a dozen women spring up, stand round about her head, bend over her face, shutting out all the fresh air (of which there is already a very limited supply in the room), and then they shout the *Súrat-i-yásin* in Arabic. (This portion of the *Qurán* has to be shouted three times in the ears of a dying person. It is a sort of prayer for forgiveness, &c., and if the person recovers after this, it is taken as a special mark of God's favour that the Almighty has forgiven his or her sins, and given life back again.) What can the Missionary do? Many verses from the the Bible come to her mind, which she would like to tell the dying woman; but oh! the noise, and shouts, and wailing, and weeping, render the attempt useless. The woman's only daughter seems mad with grief, and wails piteously; but the aunt, who is engaged in shouting pious ejaculations from the *Qurán*, calls her the *child of a pig*, and orders her not to weep, but to read the *yásin*. Poor girl, she has no comfort. But what has happened to the patient? Why, of course, she is dead—and no wonder! Any person, so exhausted, would be smothered by a dozen women bending over the head and shouting!

"The idea is that, during the departure of the spirit from the body, no one must cry, lest the spirit should linger longer than is necessary, and increase the suffering of the body. But all should read the *Kalima*† and the *yásin*, so that the soul may pass away into its appointed place without hindrance.

"When all feel sure the patient is dead, they begin to wail most terribly. Who can comfort them when they do not know The Comforter? The thought that comes to one is, 'Surely Mahommedanism is a

*For the benefit of the poor sufferer.

†Words from the *Qurán*.

device of the devil! These people have heard the Gospel over and over again, but "the god of this world hath blinded their eyes."'"

China's daughters are dying too, dying without hope. Let us listen to a China Missionary's story:—

"Last night I was spending the night *en route* at Foochow with three other sister Missionaries in our little chapel at a busy market town. It was late before we lay down, and we were very weary, but the place seemed alive with noises, and the sleep I longed for would not come. Suddenly, above all other sounds and quite close to us, a woman's voice broke forth in a bitter, bitter wail, so pathetic, so despairing, it wrung my heart. It was quickly followed by another and another, other voices mingling, and men adding their deeper cries and groans. Now and again the heavy thud of a head, as it was banged on the floor or wall in expression of grief, could be heard. From the few words I could catch, I gathered that some soul—I know not whether man, woman, or child—had passed away into eternity.

"I knelt upon my bed and prayed for the poor, sorrowing hearts so close to us who were borne down with all the blackness of despair caused by the entrance of death into a heathen home. Then as I lay down again with closed eyes and unutterable pity in my heart, I seemed to see with a sudden flash a scene familiar to most of you in the home-land. Crowds gathered in Exeter Hall, eager faces lifted towards the speakers as they plead again and again for help to carry the Gospel to heathen lands, and then the solemn hush of prayer, followed by those thousands of voices joining in singing, 'A Cry as of Pain.' Oh, could you have heard the anguish of that actual cry ringing through the night air then, it would have moved you, it *must* have stirred you who read these words to do more than just to 'take an interest' in Mission work, —it would surely have found a response in your hearts,

and have drawn you to come out to love these human stricken hearts, and to seek to win these lost and perishing souls. Oh, my sisters, will you not, before God, ask yourselves *now*, whose fault is it that Despair still holds China's millions in its icy grasp, while the warm glow of Hope has as yet penetrated into so few, so very few hearts ?"

CHAPTER II

CALL THE DOCTOR IN

or

Native Medical Treatment

"The agonies and sorrows which result from the stupid and cruel infliction of quackery upon suffering humanity make an awful chapter in the daily experiences of mankind."—*Dr. Dennis.*

The Shlf Khana, Srinagar.

LET us call the native doctor in, turning first to the Indian practitioner, and ask what medical aid is being rendered to our suffering sisters before the advent of the Christian Medical Missionary.

At the outset we would freely acknowledge that some Hindu medical men are able and trustworthy. The British Indian Government has established Medical Colleges at Calcutta, Madras, Bombay, and Lahore. But the great mass of the native practitioners have not yet been taught anything of European science, and have not the slightest knowledge of their art, even according to their own authors.

It is a question whether to be unattended is not a milder fate for the Hindu or Mahommedan than to be ministered

to by the average native *hákím* or priest-doctor, whose least harmful remedy is to repeat endless verses from the *Qurán*, or to administer the powdered horn of a sacred bull. When it is known that a red-hot iron will be freely applied to an aching tooth or head, or that rags dipped in oil and set on fire will be administered as poultices for internal pain, or again, that as many as one hundred leeches will be applied to each foot of an exhausted patient, it will be easy to understand that the people are slow to call in the native surgeon or physician. Procrastination in seeking medical aid until the complaint is incurable is pardonable under such circumstances.

In Southern India, the Vydian, or village doctor, is quite innocent of physiology; and never over-inquisitive as to the properties of the dangerous remedies he freely prescribes. According to the Tamil idea, every patient should be treated, not only for disease, but for devil-possession. "He must be a very powerful demon who can resist both magic and mercury," says a well-known authority on South India customs, "for this latter mineral in the crude form is almost invariably one of the ingredients in the Vydian's unwritten prescription." And it would appear that a cure is not the only goal aimed at by the native physician. To become a doctor no medical training is necessary. The profession descends from father to son, apart from any idea of capability, and "experience" is supposed to be sufficient qualification. "He who has killed a thousand people" is the common proverb, "is only half a doctor." "Bengali physicians," says Lál Behári Day, "have been practically divided into killers of tens, killers of hundreds, and killers of thousands." After such statements, one can understand that, as a rule, when a patient recovers under the "care" of the native practitioner, it must be attributed to the strong constitution which has resisted the evil effects of the poisonous compounds administered,

and has enabled him also to survive the forty days' dieting (which means starvation) prescribed for him.

"I was sent for," says a Ceylon Missionary, "to see a woman dying from the effects of a snake-bite. She was very collapsed, and bleeding from mouth and ears. The native snake-doctor had treated her by smearing a painful ointment over her eyes to prevent her from going to sleep; he had applied rice and eggs to the wound, and given her powerful medicine."

The suffering inflicted upon the ignorant women of the hill-tribes by their equally unlearned relatives in the name of medical treatment is inconceivable. Only a short time ago, a fine old Toda of the Nilgherry Hills, grateful for relief he himself had experienced, came to the C.E.Z. Missionary, who was dispensing simple remedies, bringing his sick wife. Her relatives had branded her with a hot iron on the crown of her head, and several times down her spine.

In the district of Khammamett the following is described as "a certain cure for a pain in the back from all causes." When a woman pounds rice she uses a short, strong, wooden pole with an iron band at one end. To cure a pain in the back, "take two poles, one in each hand. Stand in the middle of the bazaar, hold the poles at arm's length; then slowly bring them together in front, but do not knock them." The native doctor then squeezes some green juice on the pole, and murmurs an invocation. "At a given signal knock the poles together." The medical adviser takes his fee and goes off, and the pain——?

Miss Wells, of Khammamett, was recently called to a case of dysentery. The poor woman had taken the prescribed remedy, which was made from dirty copper *pice*, the current coin of Hyderabad melted and mixed with bazaar calomel, to be drunk in repeated cold draughts. The patient's mouth, tongue, and throat became so sore and swollen that she could hardly swallow or breathe. At this

juncture (happily for her) the native doctor was called away to another village, and she fell into the tenderer mercies of the Zenana Missionary nurse, with the result that her life was saved.

The *hákím* is not a better surgeon than he is a doctor. Apart from gross ignorance as to hygiene, ordinary cleanliness is an unknown quality in the operations which he fearlessly undertakes. A native Christian woman who came into a Mission Hospital in North India with a badly ulcerated eye, which had to be removed, was found to have followed the remarkable prescription of grinding a piece of rough red pottery into fine powder and dusting it into the eye to cure simple catarrh!

A fellow patient, who was also nearly blind, said that five years previously a *hákím* was operating on the roadside, and she was persuaded to place herself in his hands. She had no money to pay his fee, but by pawning her copper cooking vessels she was able to raise the needed 2s. 6d. When she had paid this sum she was allowed to sit for the operation. This was performed by thrusting a red-hot needle into the lens and dislocating it. It goes without saying that intense pain and permanent blindness were the result of her heroic effort to regain her sight.

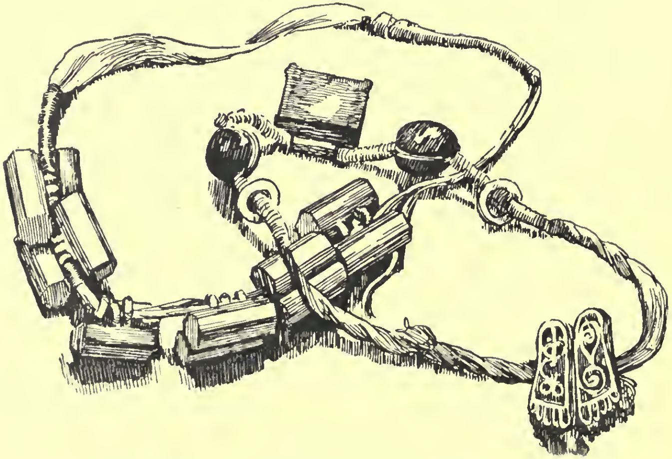
In and around Peshawar the favourite remedy for external and internal ills is to take the skin of a goat or other animal just killed and apply it hot to the injured part. At an out-station of Delhi an S.P.G. Missionary found a poor woman in a half-dead condition quite unconscious and with very high fever. One of the chief remedies that had been resorted to was a cock freshly cut open and applied to the head like a hat. This is supposed to be the correct treatment for a rush of blood to the head.

The *hákím* fosters every superstition held by the men and women of the district and trades upon the credulity of his patients. This not only saves him

trouble, but enriches his pocket, a great consideration with him.

A woman of low caste was bidden by her native doctor to eat a quantity of sand. The poor, ignorant creature did so, only to die in great agony. Sometimes, however, a prescription is harmless. Dr. Summerhayes, of Dera Ghazi Khan, tells of "an able Mahommedan who had risen high in Government service" who was being "treated" for heart disease by a Mullah, *i.e.*, priest. The Mullah picked up a small lump of charcoal from the hearth, put it on a plate, powdered it, poured on it a little water (he had previously read portions from the *Qurán*), then blew, as he said, the power of the *Qurán* into this mixture and gave it to the patient to drink.

Miss Digby, of Ellore, says:—"One morning I saw two small plates on the table in the Bazaar school and



Charms given up by Patients.—Armlets and "Krishna's Foot."

asked why they were there. I was told the uncle of a child was ill and found out that the name of God was to be written on the plates and the sick man was to drink

the water which washed off the ink. I asked the master to show me how he did it. He made about sixty small squares with ink on the plate and in each square was a name or attribute of God, written in Arabic, while a few short sentences from the *Qurán* surrounded the square."

A lady Missionary (Z.B.M.M.) was visiting a Hindu widow, when a Brahmin came in. The widow consulted him about a cold she had caught. The old man looked at his little book, full of figures and ciphers, and told her it was the god Rahu who was making her ill; he was in the mansion of the sun, and had no good-will towards her. She would do well when Rahu went out and Brikspat, another god, entered the mansion. In the meantime, she must take an earthen saucer full of oil, gaze at her face in it, and cut marks with an iron nail on the reflection; then wave the saucer three times over her head, and, carrying it out to the cross roads, leave it there.

In many cases, however, it would appear that the doctor really participates in the belief of his superstitious and spirit-fearing patients. A remarkable example of this is afforded by a Gond priest's method of curing sick people. He takes his little drum and, sitting down by the sick man's side, begins to hum and drone until the enchanted evil spirit becomes, as it were, mesmerised and enters the priest's body. Then, of course, the latter would fall ill unless the spirit were expelled, and this the priest accomplishes by dint of thrashing himself with a heavy chain. Such a self-immolating practitioner could scarcely be expected to carry on a large practice! Yet it is somewhat satisfactory to know that in this instance he suffers more than his patients!

A suffering and crippled Moslem girl patient was asked one day whether she had tried any remedy before coming into the Mission Hospital. She replied, "Yes, I did everything anyone told me and took

quantities of medicine." Then she confessed that at first she bought some meat, and, cutting it up into squares, fed the kites with it for two months. Poor thing, by being kind to the birds she thought she would so please God that He would forgive the sin on account of which she believed she was suffering. However, Saliman found this was of no use. Then she cooked rice very nicely with milk and sugar and fed a black dog with it for another month. Worn out with her useless attempts, she made up her mind to try what the white people could do for her.

To say that no true sympathy or kindness dwells in the breasts of the Indian people would be a gross injustice. Although overlaid with an austerity and callousness born of barbarous customs and gruesome religious rites, there is much deep and true affection in families.

Dr. Jane Haskew (Z.B.M.M.) relates being greatly moved by seeing penance performed near Lucknow to propitiate the god Maha for a sick parent or child; that of prostrating the body all the way to the shrine, sometimes a distance of ten, twenty, or thirty miles, from the pilgrim's house. The men who undertake this lie down with hands stretched beyond their head, so as to reach as far as possible, and a mark is made in the dust. Next, the man regains his feet, walks up to the mark, toes the line, and lays himself down full length again, repeating these movements till the whole weary distance is covered.

In China, the case for the native medical practitioner is very little better. Any man may practise medicine, and many do so with the slenderest knowledge. Yet since many unsuccessful scholars take to medicine they are often fairly educated men, according to Chinese ideas. The really intelligent would-be physician reads such books as he thinks desirable, being free from the dictates of any examiner. Manuscripts which contain the experience of old

practitioners are carefully treasured; and if a doctor can say on his card that he is a physician of three, four, or five generations he is supposed to possess the ability accumulated by his forefathers; and in this case many of the remedies are family secrets. Surgery is so little understood that only trifling minor operations are performed, and a surgeon ranks much lower than his brother doctor, since he can only attend to external diseases.

Amputation is never resorted to, as the Chinese consider any mutilation of the body as an act of disrespect to the parents from whom it was received. Injured Mandarins who have been assured by foreign surgeons that amputation alone could save their lives, have deliberately chosen to die rather than to lose a limb.

If the student can afford it he will buy a celebrated book, in forty volumes, three hundred years old, containing nearly 2,000 prescriptions, besides a great deal of curious information about the animal and vegetable kingdoms. For instance, under the word "Horse" will be found the following:—"The heart of a white horse, when dried and rasped into wine and so taken cures forgetfulness. Horse flesh should be roasted and eaten with ginger and pork. Te eat the flesh of a black horse, and not drink wine with it, will surely produce death."

Dr. John Lowe, in his valuable book, *Medical Missions: their Place and Power*, remarks:—"The usual way for a Chinaman to enter the profession is to procure a pair of spectacles with large bone rims, some grasses and herbs, an assortment of spiders and a few venomous snakes, which he places in bottles in his shop window. Here is one of his prescriptions:—

"Powdered snakes	... 2 parts
"Wasps and their nests	... 1 part
"Centipedes	... 6 parts
"Scorpions	... 4 parts
"Toads	... 20 parts

"Grind thoroughly, mix with honey, and make into small pills. Two to be taken four times a day."

The study of anatomy is strictly forbidden and there are no works on physiology. The Chinese doctor is entirely ignorant as to the nervous system, and his ideas with regard to the circulation of the blood are absurdly erroneous. True, there is a very extensive medical literature, but its character may be determined from a sample of teaching with regard to the pulse. (They have a pulse for every organ but the brain!)

"There are three pulses in each wrist. A man's strongest pulse is in his left wrist, a woman's in her right. In a man, the pulse that lies nearest the hand is stronger than those that lie above; in a woman just the opposite is true. In the left hand are located the pulses showing the diseases of the heart, the liver, and the kidneys, while the right hand pulses indicate the diseases of the lungs, the spleen, and other organs."

Symptoms are regarded as diseases and treated accordingly, while the most lamentable ignorance of, and indifference to, the origin of the disorder is shewn.

The Chinese delight in numerical categories and profess to find in the five elements in nature (of which they believe the human body to be composed), viz.:— Metal, water, fire, wood, and earth, an intimate relation to "the five planets, the five tastes, the five colours, and the five metals." They therefore divide their remedies into five kinds, *e.g.*, hot, cold, moist, dry, and windy. So long as the equilibrium of these five elements of the body is maintained, people enjoy health; but as soon as one of these predominates, sickness ensues. All disease therefore is but a disturbance of this equilibrium, and the art of healing consists in restoring the balance. So confident are they of this truth with regard to the body and its ailments that they will not take any remedy that does not agree with their notion of the disease. A Chinese patient, for instance, stoutly refused to take sulphur as ordered

by the Christian physician. He said, "Sulphur belongs to fire, and it is one of the elements of gunpowder. I have too much heat in my body already; to take sulphur would add to the heat and make the disease worse."

The strangest assortment of drugs (?) are to be found in the thriving Chinese druggist's stores. Miss Adele M. Fielde, in *Pagoda Shadows*, gives an inventory of a Swatow chemist's shop which she visited.

"Among a great variety of barks, tubers, bulbs, roots, leaves, and seeds, we found in separate compartments the stamens, petals, and seed vessels of the lotus; unhusked rice and wheat sprouted and then dried; the flower of the honeysuckle; the leaves of the arbor vitæ; various species of seaweed; bones of the cuttle fish; the cast skins of locusts; the pith of a large reed; dried caterpillars, snails, and worms; fungi from decayed wood; chrysalides of moths and butterflies; scales of the armadillo: shavings of goat, ibex, and deerhorn; skin of the rhinoceros and the elephant, charred tiger's bones; silk worms; the shell of the box-turtle; the gall-bladder of a bear valued at ten dollars and used as a tonic; the horn of a rhinoceros valued at three dollars for a piece three inches in its largest diameter; centipede six inches long stretched and dried on splints; medicated tea in small hard cakes used in infusion as a sudorific. Our obliging host said there were many other drugs in the shop, but we had not time to see them all."

The following list of medicines is taken from a popular standard work, called an *Abridgment or Selection of Chinese Native Medicines*:—

Mild and tranquilizing tonics:—Liquorice root, parasite of mulberry tree, fruit of the cypress, old rice, broad beans, jam, asses' glue, birds' nests, mutton, duck, pigeon.

Medicines which increase the natural fire, or stimulating tonics:—Cassia, cinnamon, aloes, wood,

sulphur, asbestos, stalactite, tops of hartshorn, dried red spotted lizard, silkworm, moth, &c.

Medicines which disperse poisons :—Seeds of castor oil plant, resin, ivory shavings, elephants' skin, preparations from toads.

No fewer than 78 articles from the animal kingdom are mentioned.

Often the most revolting and disgusting decoctions are given in large doses to the poor sufferers, whose faith in the potion given is in proportion to its size and repulsiveness. The mixture to be taken often contains as many as a hundred such ingredients as decoctions of snake or other reptile. As many as two hundred pills a day, or three pounds' weight of physic, taken daily for several weeks, are fearlessly prescribed as certain to work a cure. Probably few patients survive the treatment to be able to testify to the result!

"Between the ignorance of the doctors and the fees they receive there is a just ratio," says Professor Douglas. "No physician in his wildest moments of ambition expects to receive more than a dollar for a visit, and many are not paid more than one-fifth of that sum. But, whatever the amount may be, due care is taken to wrap the silver in ornamental paper bearing the inscription 'golden thanks.' On entering the presence of his patient, the doctor's first act is to feel the pulses on both wrists. If these guides are deemed insufficient to make patent the disorder, recourse is made to the tongue, which is supposed to yield a sure augury. Their great object is, as they say, 'to strengthen the breath, put down the phlegm, equalize and warm the blood, repress the humours, purge the liver, remove noxious matters, improve the appetite, stimulate the gate of life, and restore harmony.' A dual system of heat and cold pervades, they believe, the human frame, and it is when one of these constituents is in excess that illness supervenes. 'The heart,' they say, 'is the husband, and the lungs are the

wife, and if these two main organs cannot be brought to act in harmony, evil at once arises.'"

The active daily practice of a popular Chinese doctor may be very well illustrated from Dr. Hobson's description of a medical practioner in Canton. This man, after prescribing for the sick at his office until the hour of ten in the morning, would commence his rounds "in the sedan chair, carried in great haste by three or four men. Those patients were visited first who had their names and residences first placed in the entry book, and, as the streets were narrow and crowded, to avoid trouble in finding the house a copy of the doctor's signboard would be posted up outside the patient's door, so that the chairmen should be able at once to recognize the house without delay. The doctor, being ushered into the principal room, is met with bows and salutations by the father or elder brother of the family. Tea and pipes are offered, and he is requested to feel his patient's pulse: if a man, he sits opposite him; if a woman, a screen of bamboo intervenes, which is only removed in case it is requisite to see the tongue. The right hand is placed upon a book to steady it, and the doctor, with much gravity and a learned look, places his three fingers upon the pulsating vessel, pressing it alternately with each finger on the inner and outer side, then making, with three fingers, a steady pressure for several minutes, not, with watch in hand, to note the frequency of its beats, but with a thoughtful and calculating mind, to diagnose the disease and prognosticate its issue. The fingers being removed, the patient immediately stretches out the other hand, which is felt in the same manner. Perhaps certain questions are asked of the father or mother concerning the sick person, but these are usually few, as it is presumed the pulse reveals everything needful to know. He will generally describe with a learned, self-satisfied air, the ailment of the patient, and the number of days it will take to cure him. The 'golden thanks' vary

in amount from 15 to 70 cents. or more, according to the means of the patient, the chairbearers being paid extra. The doctor returns to make another visit, if invited, but not otherwise."

The following prescription, written by a Chinese physician, and given to Dr. Annie Walter Fearn, of Soochow, by a dispensary patient, may be of interest:

"Description of disease and prescription for M. Pak Ting.

"In the left wrist the inch pulse is deep and slow, and the middle and foot pulses are deep and fine, and also slow. [*Note.*—The inch pulse is one inch from the hand, the foot one inch from the inch pulse, and the middle pulse just between the two.] In the right wrist the inch pulse is full and large, but with little strength. The middle and foot pulses are deep and quick. The coating of the tongue is white. The *yang* (front) side of the right leg involves the *yin* (back) side, and is slightly red and swollen. The base of the swelling is large and scattered, and is slightly raised. The disease is half *yang* (positive) and half *yin* (negative), and is called a *yangtse, i.e.*, cancer. Food is difficult of digestion. The place is swollen, but will not break; the stomach is weak. There is thirst, but no desire to drink. It is of the utmost importance that the patient should take some medicine that will bring the disease (inflammation) to the surface and greatly strengthen his stomach. If the abscess is allowed to remain another half month and does not swell or break open, the poison will go down the bone and form pus, while on the surface the appearance of the skin remains unchanged. A needle (acupuncture) must be used, and if, on insertion of one inch or two inches no pain is caused, the needle may be thrust deeper without injury. This disease is attached to the bone and there is pus, but it does not appear on the surface. There must be an application (plaster) on the outside, and some medicine must be taken to

strengthen the vital breath and bring life to the blood.

Prescription to be taken inwardly :—

Raw yellow root (probably *Ptarmica siberica*), 1 mace, 5 candareens.

Orange skins (dried), 5 cands.

Sigusticum acultilobum, 1 mace.

Cooked licorice, 1 mace.

Cornus officinalis, 1 mace.

Sheng ma (Cimicifuga), 3 cands.

Cooked putchuck (not known), 5 cands.

Gentian, 5 cands.

Peh shu (plant not identified), 1 mace.

Tara, 1 mace, 5 cands.

China root (*Pachyma cocus*), 2 mace.

Tang shen (a kind of ginseng), 1 mace.

The decoction made from this to be taken all at once.

Prescription for the Plaster (*outward application*) :—

Parched black beans, 3 oz.

Nutmegs, 5 mace.

Tien nan sia (plant not identified), 1 oz.

Peonia alba flora (parched), 1 oz.

Ginger (cooked), 3 oz.

All these drugs to be reduced to a fine powder, mixed with alcohol, and heated, and applied to the sore place 3 times a day.

Fourth moon, fourth day.

They say this is not an interesting prescription ; it is too short, and far too scientific.

"One of my native acquaintances," says the author of *Pagoda Shadows*, "is wholly deaf in one ear, and the cause of her deafness is a fair specimen of Chinese medical diagnosis. Years ago this woman caught a severe cold followed by much headache. She went to a Chinese doctor for advice, and was told that her headache was caused by a disease in the form of a kernel in her head, and that the only way to cure her would be to let the disease out through a hole made either in her eye or her ear. She thought it better to lose the latter, and so instead of having her eyeball punctured she had her ear deeply probed, breaking the tympanum. She has been deaf ever since, but the headaches were not cured."

It is not surprising that the Chinaman shews little confidence in his medical adviser; and that if the prescribed remedies are not speedily efficacious, a second, third, or even fourth doctor is summoned to a case. This leads to a natural result. The practitioner, anxious to retain his patient, turns his attention wholly to subduing pain and removing symptoms however unimportant, while the internal cause of the disease remains untouched, and no rational treatment is attempted.

Though their theories are so imperfect, yet there are those even among Chinese physicians, who, being accurate observers, have learnt the use and properties of many medicines, and have seen the propriety of various forms of diet. Hence, strange though it may appear, in spite of their empirical practice, these men are sometimes successful, and they are treated with respect, as their employment is considered a benevolent one. Still, the majority of those Chinese medical men so-called are little removed from ignorant quacks and pill-mongers, who are classed by the populace among wizards and fortune-tellers. Marquis Tseng, who was an able Chinese statesman and ambassador to Great Britain, beseeches his countrymen to place no confidence in three things:—1, Buddhism; 2, Tauism; 3, Medicine.

That skilful men are the exception, and not the rule, throughout the vast Empire is amply borne out by the following assertions made by Dr. H. W. Boone, President of the China Medical Mission Association, in reference to the native medical men of China. "They have no proper method of examining the sick. Auscultation, percussion, the use of the thermometer, and all the varied appliances at our command for interrogating the patient are unknown to them. Their drugs are crude, inert, or drastic. They probe the joints and the viscera with needles—cold or *red hot*, or even run them into the spinal cord. They

have no knowledge of obstetrics. A fractured bone is left to get well as best it may. A dislocated joint is let alone. Tumours grow until the patient is destroyed, and patients die without any attempt being made to help them. Diseases of the eye run riot and end in total blindness. Saddest of all, the little children suffer and linger, and die from preventible or curable disease. Hygiene is unknown. Why prolong the mournful record ?" Like their Indian neighbours, when the Chinese are sick they have recourse to one of the genii or to a god, who, they suppose, has control of their particular disease. If they recover an offering of fruit, vegetables, sweetmeats, &c., is presented to the divinity worshipped. If the afflicted person die, they do not consider that the god is to blame. "Heaven has willed it." It is according to "the reckoning of Heaven." Yet, as we have seen, at the same time they make abundant use of medicines.

Sudden illness is frequently ascribed to evil influences emanating from one or other of the seventy-two malignant spirits or gods. In such a case, one of the family takes three sticks of incense in his hand, approaches the sick person and earnestly inquires with solemnity, "What god has this man offended that he is thus afflicted ? I beg that the divinity will make it known by the mouth of the sick, so that I may readily go and render thanks." If the sick man utters the name of a god it is taken for granted that such an one has been the cause of his illness. Offerings of meats and mock-money, &c., are made to propitiate the divinity's good-will and ensure recovery. Or a Tauist priest will at once be hired to expel the demon, which he attempts to do by incantations, ringing of a bell, sprinkling with "holy" water; concluding his performance by producing three paper charms, one of which is to be stuck up over the door of the room, another is to be worn on the

head of the patient (if a woman), and the third is to be burnt, and its ashes, mingled with hot water, are to be drunk by the sick one.

Sometimes, in the case of a patient suffering from ulceration, malignant sores, or inflamed eyes, the "God of Medicine" is invited to the house. A friend of the invalid will go to the temple, and, as the god is deaf, will tickle his ears to arouse him and then pour forth his request; or he may rub the part of the image which corresponds to the part of the body of the sick person which is affected, in order that the god may know exactly where his help is required.* The suppliant, having burnt incense and candles before the image of the "doctor," returns home carrying with him some of the ashes from the censer standing before the god. These ashes represent the "doctor," and are treated with great reverence by the family. They are done up in red paper, and incense and candles are daily burnt before them, amid much kneeling and bowing.

The Rev. J. Doolittle, in his *Social Life of the Chinese*, gives the following description of a remarkable ceremony performed, as a last resource, to bring back the departing spirit of the sick. The following method is sometimes adopted to prevent the death of a sick man and restore him to health. Several priests of the Tauist sect are engaged to rep at their formulas in a temple for his benefit. At the house, or near it, or in the temple, another ceremony is performed. A bamboo, eight to ten feet long, having fresh, green leaves at its little end is provided. Often near this end there is fastened a white cock. One end of a red cord is tied around the centre of a two-foot measure,

* In some towns they place a brass mule in an open square, and those suffering from any disease are directed to rub the affected part upon the corresponding part of the mule. Poor deluded sufferers have rubbed holes into the brass figures in their frantic efforts to get some relief.

and the other end is made fast around the bamboo, among the green leaves. A coat belonging to the sick man, and very recently worn, is suspended on this measure, its ends being put into the arm-holes of the garment. A metallic mirror, having a handle to it, is then tied on this measure in such a manner that it will come a few inches above the shoulders of the garment, in the place where the head of an individual would come were the coat to be worn. Someone of the family takes the bamboo pole and holds it loosely in his grasp in a perpendicular position. A priest now begins to call over the name of the sick person, and to ring his bell, and to repeat certain incantations, the object of which is to cause the sick man's spirit to enter the coat. The white cock and the bright mirror are supposed to perform an important part in effecting this desirable object. After a while the pole is sometimes observed to turn round slowly in the hands of its holder, which circumstance is believed to be a sure proof of the presence of the spirit of the sick man in the coat. At the conclusion of the ceremonies the coat is taken from its place on the bamboo pole and placed as soon as possible on the body of the sick man, or it is spread over him as he lies on his bed, if he is too sick to allow of it being put on properly. It should have been premised that the spirit of the sick man is supposed to have left his body, and yet to be hovering around in the vicinity. It is supposed also that it can be induced by the performance of these ceremonies to return to the coat which has been but recently worn by the person to whom the said spirit belongs; and if it but enters the coat it can be transferred to the body of the sick man, and perhaps be prevailed upon to remain there. Consultation of a Book of Charms with the carrying out of its prescribed rites, the burning of paper images as a kind of substitute for the sick person, and the propitiation of the inimical spirit of a deceased acquaintance by the uttering of a Tauist

formula for dissolving or untying grudges, are all methods used by the Chinese in the vain hope of gaining relief from pain and death.

Similia similibus curantur is an old proverb with the Chinese. "Poison cures poison" is another of their therapeutic laws which imperils many a life. The more venomous the serpent or insect, the more it is valued for pharmaceutical purposes. For extreme cases the Chinese have great faith in medicines derived from the human body; no fewer than thirty-two of its parts or products are contained in the Chinese *materia medica*. Hence it is easy to see the basis of that popular superstition which impugns the Christian foreigner's motive in coming among them as a design for obtaining children's eyes and brains to make foreign medicines. A frequent practice that obtains among the people in certain districts is that of making broth for a sick parent out of the flesh cut from the living body of his child and that without ether or chloroform. Not long ago the mother of a late Governor was thus commended, "She obtained a reputation for the filial piety she displayed towards her husband's parents, mutilating herself to mix her flesh with his medicine, when her father-in-law was ill."

As we have observed with the Indian people, so with the Chinese; continually recurring incidents go to prove that again and again an individual evidences that family affection and real love of which the race, as a whole, seem more or less devoid. Sickness and trouble are calculated to bring out the best side of human nature. In a Mission Hospital are often witnessed examples of true devotion on the part of husbands and wives, of parents and children, towards each other; and even more frequently do strangers shew mutual sympathy.

As regards the Chinese temperament under affliction, it is one which the average Anglo-Saxon might covet.

Disease, poverty, hunger, abandonment by relatives and friends, all are borne by the patient with unwavering cheerfulness and optimism. He has a remarkably tenacious hold upon life, and a marvellous capacity for resisting and overcoming disease. Were it not for this combination of characteristics, it is probable that the race would be exterminated altogether, as a penalty for its utter indifference to laws of hygiene and its absolute ignorance and superstition. An authority has remarked that if a people with such physical endowments as the Chinese were to be preserved from the effects of war, famine, pestilence, and opium, if they were to pay some attention to the laws of physiology and hygiene, and to be nourished with suitable food, there is reason to think that they alone would be adequate to occupy the principal part of the planet and more.

Enough has surely been said to prove that the people, and especially the women, of these two great Eastern lands are at the mercy of "physicians of no value." Speaking generally, we may confidently assert that millions in both India and China, with the adjacent islands of Ceylon and Singapore, suffering from every ill that flesh is heir to, have no relief and no prospect of relief, accept that which the Medical Missionary has to offer.

CHAPTER III

A CHAPTER OF ACCIDENTS

or

Doctors' Difficulties

House Surgeon, Patient, and Staff Nurse (Ludhiana.)

"I, for one, should feel it a never-ending source of regret if I lost any opportunity of expressing the admiration which I feel for the self-sacrificing and devoted lives of missionaries, spent under circumstances of much trial and physical suffering, actuated by no hope of gain, and stimulated by no hope of reward from men — such lives as serve as a standard and example which all of us would wish to follow."- *-Sir Charles Elliott, Lieut.-Governor of Bengal.*

Enough has been said to show that "*hákíms* in the likeness of Jesus" are sorely needed among our suffering sisters in heathen lands. No greater boon can

possibly be granted them than a well-equipped Medical Mission, with its Hospital and Dispensary, its skilful Christian lady doctor and dispenser, its well-trained nurses and attendants. Presently we shall endeavour to show several of these agencies at work and their results, the history of which indeed constitutes a continuation of the Book of the Acts. But for the moment we will glance first at some of the difficulties to be patiently met and overcome by the Missionary practitioner. Suspicion and distrust rank foremost on the list. As a matter of fact, there is no branch of missionary activity which is so liable to malevolent misconstruction. In China, medicine is considered a black art, closely allied to witchcraft; and as we have seen what loathsome ingredients are used by the native apothecary, we need not be surprised that the ignorant people are ready to believe that remedies so efficacious as those prescribed by the "foreign devil" must be compounded of unutterably fiendish substances. Therefore, the assertions that cans of condensed milk are the boiled-down brains of Chinese children, and that human eyes, &c., are used as ingredients in European prescriptions, present nothing either incredible or improbable to the ordinary Chinese mind.

A woman was recently brought to the C. M. S. Hospital at Hing-hwa suffering from severe burns on chest and arms through the overturning of a lamp. In spite of every care, she began to sink, and was taken home by her friends; for patients nearly always desire to die among their own people. On reaching her village, her friends circulated the story that, whilst she was in Hospital, the doctors had taken out her heart, had used lint (applied to the burns) to cover up the hole, and then given her medicine whereby she could live without a heart for a few days, and that they had used her heart to make medicine.

In the towns of India, even though the dark days of

distrust are passing away since Christian and other medical aid is being established in all directions, common sense among the women is a sadly deficient quantity. A little flannel jacket will be recommended and supplied by the lady doctor for a baby suffering from chest complaint. The advice is taken, but the small patient becomes much worse. On inquiry, it is found, to the doctor's dismay, that the flannel has been worn during the hot hours of the day, and taken off in the evening!

With regard to surgical cases, it is most difficult to keep the patients under control. Cases of fracture are taken away from the Hospital, and the splints so carefully applied are removed; the patient will visit a shrine, and, smearing the broken limb with mud, believe that the bones will unite. Then, when no miraculous cure is effected, he or she returns to the Missionary doctor for the splints again!

In the lovely Khagan valley of the Hazara, Dr. Lankester, at his first visit, found the people terror-stricken, and hiding behind hedges at his approach. It turned out that they thought he had come to manufacture *Mumiai*. This is an imaginary substance which they they believe English doctors make, and for the purpose entice young children into their tents, and, hanging them on a beam over a slow fire, collect an oily matter which drops from their brains! They then sell it as a specific for all possible diseases.

The unlikeness to conditions of medical treatment at home is calculated to bewilder the "medical" who comes into the field straight from her college course and hospital rounds. One such Missionary doctor says:—

"At home one attacks disease by the methods which one has been trained to believe are likely to be most successful. Here one attempts to do the same, but is thwarted at every turn. Does a case need careful and constant attention, the patient refuses to

come into Hospital, or, perhaps, does not even see the necessity of coming to the Dispensary every day. Ought a disease to be treated by a particular drug, if it has poisonous properties, you must not prescribe it, or must give it in such small quantities that no harm will follow if a week's medicine is taken in a single day. Ought a patient to have a special diet, either she objects to it on caste principles, or she is too poor to afford it. It is disappointing to have to give up cherished ideas, and to adopt inferior means of dealing with disease, but one is thankful to be able to do even a little to alleviate the sufferings of the women of this country."

A Missionary doctor, not long ago, was called to treat the wife of a man of the shepherd caste. She found her in the women's part of the "house"—in reality, a mud hut, devoid of furniture, dark and damp. After affording her patient great relief, and leaving instructions with the relative, the lady left, promising to call the next day. When she came again, to her surprise the sick woman was not in the room where she had left her, and the doctor was directed to a low door on the left. "It was evening," she says, "and the daylight was quickly fading; stooping low, I went in. At first I could see nothing, as I myself was standing in the way of the only light, and my eyes were rebelling fiercely at the smoke that filled the room. At length, lying on the floor of this, perhaps 8ft. square, room, I saw my patient. Beside her was a small bracket on legs called an *angithi*, filled with fire—although the thermometer was registering from 85° to 90° unartificially! She had been well rubbed with oil, and there she lay in this delightfully airy apartment. The door, the only means of communication with the outside air, opened into another room. In front of it hung a bird's nest to frighten evil spirits away. I simply could not stand it long, though we do get accustomed to close rooms. I tried to persuade her

people to let her come into the Hospital, but they could not, as they said it would be against their caste."

Another substantial difficulty, from the doctor's standpoint, is the patients' inability to describe their symptoms. A man at Dera Ghazi Khan, on being asked the history of his illness, told the inquirer that eight years ago a male snake bit him. He killed it, but every year, during the hot weather, the female snake came and bit him, and so caused the illness.

A Medical Missionary has often cause to wonder how many of the medicines are administered according to her directions. Again and again she has to repeat her orders, and frequently it happens that when she fondly hopes she has explained clearly what has to be done, a dialogue something like the following ensues:

"Now, how is this medicine to be taken?"

"It shall be taken just as you say.'

"Now, what have I said?"

"Please say again, and I shall know."

No neat phial is brought for the physic, but a piece of cocoa-nut shell, or a little brass saucer. To prescribe a "teaspoonful" or a "tablespoonful" is all one to people who eat with their fingers, and have no use for knives, forks, or spoons. If a quarter of the medicine does them good one day, they drink up all that is left the next day, and make themselves ill. A whole bottle of medicine intended for three or four days is frequently taken in one dose, in spite of ample warning and explanation; for from their *hákíms* they are accustomed to receive a single large draught, which is to do all that is required. If the doctor should mix the medicine with water from the Dispensary, the patients would not touch it, as they would break their caste in doing so; the prescription must be made up with water brought by them in their own vessels.

Tendency to metaphor is a fertile cause of difficulty to beginners in the language. Some time ago, a woman came to the Quetta Dispensary, complaining of fever

and a cough; she, however, spoke of the fever as a snake, and the cough it had left behind as the trail of the snake! Amusing incidents constantly occur. Out-patients of a Hospital come and show their own tongue and pulse, when they want medicine for others. "The same medicine as you gave my friend just now," is asked for, irrespective of difference in the malady. Others will put the doctor's powers to the test by refusing to give any account of their symptoms, and declaring that "if she be a clever doctor, she will find out."

Their *hákíms*, they say, can find out the diagnosis and treatment without any inquiries. They can tell what is wrong by feeling the pulse of one hand, and whether the patient will recover by feeling the pulse of the other. Patients hate any examination, and as their *hákíms* do not trouble them with this, they object to the Medical Missionary's method.

More often still, the medicine is "put to the test" by the addition of all sorts of native mixtures taken at the same time, "holy water" from some filthy tank freely administered, &c., &c.

On one occasion a few hours after a lady Missionary's first medical visit to a sick Zenana girl, she stepped in unexpectedly to find that none of her directions had been carried out. So far from the absolute quiet prescribed, the room was crowded with chattering women, every window and door was tightly shut, and the invalid, in a burning fever, was tossing from side to side, groaning with pain in her head, to which an old woman was applying a dirty looking decoction. On inquiry she elicited the confession that they had sent the Englishwoman's prescription to a native practitioner (who, being a man, could not see the invalid), and asked his opinion of it. He deliberately took out one ingredient and substituted another, and this was the mixture they were giving.

Prejudice and fear prevent many who would otherwise become in-patients of our hospitals ; they expect to be cut up or poisoned. One poor woman suffering from pneumonia was being carefully nursed at St. Mary's, Tarn Taran, during the whole of one night. But before morning dawned, the old mother-in-law declared that the patient was being poisoned as so much more medicine was given to her than to the other patients. Stripping the sick woman of all clothing, the old hag dragged her out and away till she dropped her by the tank to die, while she went about to spread the report that the Doctor Miss *Sahiba*, had poisoned her daughter-in-law.

In cases of threatened blindness, the people hardly ever seem to think it worth while to submit to treatment until the sight is nearly or quite gone. Then they repair to the Medical Missionary pleading to have it restored.

In the Chinese Mission Hospital the difficulty of dieting special cases is very great. Patients always second the efforts of their friends to smuggle in all kinds of dainty dishes, from putrefying bean curd to pork dumplings, turnips, and pea nuts. Frequently the nurse will discover a string of pieces of dried fish under a patient's pillow, which was betraying its presence to the olfactory nerve of the "foreigner." It is not uncommon for a patient suffering from acute typhoid fever to refresh herself surreptitiously with a water-nut or Chinese peas, the hardness of which is only known to those who have tried to eat a piece of stick dipped in syrup.

Sick nursing is quite unknown. A woman who ought to be kept in bed will be found walking about her room, or else will go somewhere to see a neighbour. In Peshawar, Dr. Eleanor Mitcheson went to see a poor suffering lady one early morning, having the previous evening ordered hot poultices to be applied throughout the night. On asking the patient, "Did

you sleep?" the reply was "No, the pain was so bad." "How many poultices did you have?" "Two. What could they do? They all went to sleep." The doctor looked round at the roomful of women; not one had thought it necessary to sit up beside the poor sufferer.

Impatience of recovery forms a very formidable discouragement and difficulty. The relatives of the patient cannot wait to see the effect of the treatment before they call in other advice. The Medical Missionary may walk out at one door, and a native doctor be immediately brought in at another, who will be treated in the same manner. Often, if an immediate cure does not follow the first dose of medicine, the bottle is shelved and pronounced ineffective and useless.

Again, their impatience of prolonged treatment is sufficient to tax the physician's or surgeon's good temper to the utmost. For instance, the most minute and emphatic cautions against disturbing a plaster jacket are not sufficient to prevent its summary removal, because the Chinese patient does not wish to become a turtle, and have a hard shell grow to her skin!

In the Dispensaries, the most pathetic stories illustrative of ignorance, suffering, and poverty are constantly elicited from the women—young and old. They have been ill for many weeks, months, or even years. When asked why they did not come before, they answer, "Why should we? We are only women, and it is the lot of women to suffer. We did not know before that anything could be done for us."

It often requires a great deal of patience to find out the nature of their complaints, because their answers are so wide of the mark and so contradictory.

"It is not a very comforting reflection," says Dr. A. H. Smith, "but it is one which seems to be abundantly justified by observation, that the opinion

of the most ignorant assistant in a Dispensary seems (and therefore, is) to the average patient as valuable as that of the physician in charge, though the former may not be able to read a character, does not know the name of a drug or the symptoms of any disease, and though the latter may have been decorated with all the letters in the alphabet of medical titles, and have had a generation of experience. Yet a hint from the gatekeeper or the coolie may be sufficient to secure the complete disregard of the directions of the physicians, and the adoption of something certainly foolish, and possibly fatal."

The doctor's inquiry of a patient, How old are you? constantly elicits the answer given with a helpless air, "How should I know? or "The news has not yet reached me." A wrinkled old woman will say, "I look old, but my years are few," while another will state "Perhaps I may be about 100 years old. I don't know. If you think I am more write it down."

Very often they exhibit the profoundest belief in the doctor's power. On their first visit to the Dispensary they will say, "Give me such a medicine that, if I take only one dose, it will, not only cure my present illness, but also prevent me from getting any other disease."

Naturally, to those who have never seen the face of a white woman, a visit to the foreign lady *hákím* requires courage of the first order. One such village woman, after much persuasion, came to Jandiala Hospital to consult the Missionary-in-charge, on being admitted to her presence, ran out again as fast as she could, crying out, "It is not a Miss *Sahiba*, but a *Sahib*" It was with the greatest difficulty that she was made to return and urged to stay for a day or two, as she had come from a distant village. On being pressed to say why she thought the Miss *Sahiba* (who was not a creature of the gods, divinely tall) was a man, she replied, "I looked—there were no jewels on

her head, her neck was bare, her ears straight and unadorned. Her fingers were innocent of rings, and bracelets did not encircle her arms. Is there a woman who never wears jewels? Does such a one exist? Such were my thoughts, and at once I recognized that I had been deceived, and had been brought to a man."

To preserve discipline and order among a crowd of patients assembling in a Dispensary requires tact, good humour, and firmness in equal proportion. It is infinitely difficult to persuade the village patients that it is easier for the doctor, and better for the patient, to see and be seen one by one. What they would love best is to rush into the consulting room together, tell their symptoms, and receive their medicine at once. The itinerating dispenser often has still greater difficulties in reducing the throng that presses around her to order. Once, in quite the early days of Medical Mission itinerating, the faithful Indian attendant of a Doctor Miss *Sahiba* stood at the door of her tent to admit the patients, one by one. In order to save his mistress time and trouble, he hit upon the original and interesting plan of telling the victim to put out her tongue the first thing, and then led her in, tongue out!

The eagerness for treatment displayed by the inhabitants of remote villages is well illustrated in the case of one woman, in the Travancore district, who evidently thought that, while the Missionary was there, she would get all that she could. Therefore, she brought bottles of all sizes, capable of holding from a quart down to an ounce of liquid, that all might be filled with different medicine for the future ailments of herself and family!

The bondage of caste customs among the Hindus presents almost insuperable difficulties to the European treatment. A mother brings two puny children to the Dispensary, and holds a branch to prevent the Doctor Miss *Sahiba* from putting any evil spirit into them The spirit she would like to put in is eggs, milk,

and meat, but animal food of any kind she must not name.

But, in spite of all the difficulties that beset the Medical Missionary at the beginning of her noble work, in spite of the prejudice and ignorance, fear and stupidity, impatience and superstitions of the patients, there comes a time when confidence is gained, and gratitude is poured out.

In a village in the North-west Provinces, India, the other day, as the Missionary washed and dressed a woman's ulcerated hand, the women standing by exclaimed, "We feel as though an angel had come into our midst," while the patient's sister hurried off to her garden, and brought a cauliflower and some radishes as an offering to show her gratitude. In China, too, the same feeling obtains among the grateful women, two of whom were overheard discussing the good they had gained by the Christian doctor's treatment.

"Everyone knows that they are angels," said one. "No," said the other, "they are stars dropped from heaven." Dr. A. Neve, of the C.M.S. Hospital at Kashmir, told the following remarkable story at the annual meeting of the C.E.Z.M.S., not long ago:—

"I remember that about this time last year a Mohammedan priest came to the Hospital, and I went to him next morning in paying my usual rounds, and asked him how he was. He said, "Oh, I could not sleep." I said, "Why could you not sleep?" He answered, "I was weeping." I thought perhaps he had been suffering some severe pain, and so I said, "Why were you weeping?" And he said, "I was weeping at the thought of the love and kindness of those who come to us from far off over the sea." Then he told me that there was a poor Kashmiri in the next ward, who, long after dark, had been groaning with pain, and he told me how the lady superintendent had left her comfortable quarters and come to see what she could do to make the poor Kashmiri more comfortable. And he

said, "The sight of that lady, who had been working all day, coming down at midnight to see what she could do for that stranger and foreigner—the sight of that it was that made me weep." And this is the impression it makes on many of the people. They understand the men, and their going to foreign parts, because Indians leave their own country to go to other lands to trade, and so on. They understand why officials go from England. But what they do not understand is why *ladies* should leave their comfortable homes and their friends, their family connections and such like, in order to go right across the sea and live isolated lives, simply working for foreigners. And they can find but one answer, "the love of Christ constrains them."

On one occasion, at Bangalore, a patient asked, "Who gives us these medicines?" and when told that the expenses were defrayed by English ladies, she remarked, "When they are doing so much for our sakes, their religion must be true."

At Baharwal Atari such remarks as the following may be heard daily:—

"This is like heaven upon earth."

"Our fathers and mothers don't do for us as these people do. God's love and fear are in their hearts."

"This place seems full of blessing."

"God is bound to answer your prayers for us when you serve Him so well." And a poor Chinese woman, on being asked what kind of place Jesus had gone to heaven to prepare, replied, "A Hospital."

It is very noticeable that, whereas the people attribute to their gods all sickness that comes upon them, they commonly assign the healing power of the Missionary doctor to our Lord and Master, and frequently the Mission Hospital is called the "Jesus Healing Institution." A remark made by a heathen patient at Dera Ghazi Khan was striking, "Pills are good, but pills with prayers (believing) are much better."

A very remarkable testimony was borne by an Indian woman to a belief in combining the Christian religion with medicine, which is obtaining ground with the intensely religious people of India. A Parsi woman brought her daughter to the Surat Dispensary of the Zenana Bible and Medical Mission. The girl had been ailing for several years, the mother said, had been treated by many doctors, native and European, but was daily becoming worse. "Have you taken her to the civil Hospital," the Missionary asked. "Yes, Madam," was the reply, "I took her there years ago, when she first became ill, and I have taken her to all the new doctors that have come since, but she grows worse." "Well," said the Missionary, "there is no better physician in the land than the doctor at the civil Hospital, and I have no medicines different from what he has probably given her, and I do not see the use of trying any more." "Oh! madam, do! do try something!" the woman implored, "There is *this difference*—you have the blessing of God on your work." Again the Missionary heard every detail of the girl's affection, which was indeed a curious one, and God guided her to a very simple remedy which had not previously been tried, and in a few weeks the girl, who could not stand alone on her first visit, returned, walking quite firmly.

And so in different ways the cry is voiced that fell from the lips of a poor woman at Asrapur:—

"Give me medicine in the name of Jesus whom you serve, and I shall get well."

It is in answer to that plea, superstitious and ignorant though it may be, that those who follow the lead of the Great Physician Himself are going forth, undaunted by obstacles, undeterred by difficulties and discouragements, offering health in its completest and divinest sense to "them that have need of healing" for body and soul. Who can conceive a nobler enterprise? Who follows in their train?

A Sacred Ghat on the Ganges at Benares.

CHAPTER IV

THEIR SEVERAL NECESSITIES

or

Some Specific Ills

"God said : Break thou these yokes ! Undo
These heavy burdens ! I ordain
A work to last your whole life through—
A ministry of strife and pain."

"Finally we commend to Thy Fatherly goodness all those who are in anyways afflicted or distressed, in mind, body, or estate, that it may please Thee to comfort and relieve them, according to their several necessities."—*C. of E. Prayer for all Sorts and Conditions of Men.*

A Plague Patient.

As we have glanced at suffering womanhood and childhood in the far East, let us briefly specialize some of the

particular burdens of affliction which fall upon our sisters (and brethren, too,), distressing them "in mind, body, and estate," and constituting an urgent plea for Christian medical skill and spiritual ministry. As we do so, that beautiful liturgical prayer, which falls upon so many ears as mere familiar cadence, will deepen in its meaning. The horizon of our minds will widen as we realize that multitudes claim an interest in it. "All those" who in "anyways" are in "necessity" will be found to embrace some who are waiting for *us* to bring them to the Great Physician Who alone can comfort and relieve them, giving them "patience under their sufferings, and a happy issue out of all their afflictions."

In the course of Medical Mission work in such a land as India, opportunities occur for displaying heroism for Christ's dear sake which assuredly will not go unrewarded by Him. When the district surrounding a Mission Station is suddenly swept and devastated by plague, it is at such a time that the reality of Christ's religion is manifested, and the true Missionary spirit is demonstrated before the people, and they acknowledge for the first time that "the Lord, He is the God."

Plague is the most fatal of all diseases. The early symptoms are sometimes like those of ague, but combined with nervous symptoms. The patient tosses about in constant fear of something he cannot describe, has a difficulty in understanding and in answering questions. There is severe headache, intense thirst, and great internal pain. This condition may pass into coma even before fever sets in. The temperature may be 100°-107° Fahr., or even higher, but in the most rapidly fatal cases there may be little or no fever. There are also certain special characteristics of plague, such as *buboes*, or glandular swellings, which, in non-fatal cases, suppurate, and *petechiæ*, or hæmorrhagic spots on the skin, always regarded as

signs of the worst omen. They appear generally only a few hours before death. In India, a general accompaniment of these symptoms is that of hæmorrhage from the lungs. The duration of an attack of plague may be from some hours to a month.

Early in 1897, the plague began to ravage the Sindh Province, that reach of "flat, sun-browned country, gasping beside the well-watered Punjab." One of its terrible features was the rapidity with which its victims would be hurried into eternity; many a strong man, being attacked as he walked the streets, would pass away, in fearful agony, some two hours later.

In Karachi, as the year came in, the aspect of the city was mournful in the extreme. The streets were practically deserted and red with carbolic; most of the shops were closed, and on all sides the dread red plague mark was on the walls. Here and there, small groups of men were to be seen standing at the door of a house, whitewashing the entrance. A bed out in the road, a few stones taken up out of the pavement, indicated a death from plague in the house.

Karachi, that polyglot place, the resort of a restless, mixed multitude of strangers, Indian, Armenian, African, and Jewish, with its huge population of 100,000 inhabitants, became a plague-stricken city. On all sides people fled to any harbour of refuge which could be obtained, and in temporary huts outside the town, endured untold misery and discomfort; yet the death-rate increased daily, and it was the women who suffered the most, and needed most the comfort and tender sympathy and teaching of our lady Missionaries, who never flagged, or grew weary, or shrank from visiting one plague-infected house after another. Their brave, fearless trust in God, while at the same time they took every precaution to prevent carrying infection, was rewarded by complete immunity and they were kept from harm.

One town after another was attacked by the fell disease. With rapid strides Sukkur, the most important town in Sindh, became another centre of contagion and woe. In *Behind the Pardah*, we have narrated the touching story of the young girl Rochi, to whom Miss Brook ministered and whom she had the joy of leading to the Saviour ere she passed away.

As one walked down *ghitti* (alley) after *ghitti*, not a soul was to be seen. Every house was shut and padlocked from without. On countless doors was the large red cross. The population of 30,000 seemed to have melted away. The Government order had gone forth that "No native doctor or *hákím* must give medicine without first reporting the case, and if the patient is found to have plague, he or she must be removed at once outside the city to little huts put up for the purpose." The people said, "We do not fear the sickness; we all have to die; but the *Sarkar* (Government) will take us away by the hands of sweepers, and feed us by the hands of sweepers, and so our religion is spoilt, and we become unclean."

Thousands of people left the city. Out in the jungles, they died daily, "like animals, with none to burn or bury them." The public schools were closed, two of the buildings were converted into Hospitals, and the nursing of the patients for some time was put into the hands of Miss Driscoll and Miss Din, an Indian assistant Missionary, able to speak Sindhi, Urdu, and Punjabi fluently. There between life and death amongst the sick, the dying, the dead, and their sorrow-laden relatives, they ministered by word and deed in the Name of the Lord Jesus. There, too, were witnessed the awfully solemn, unspeakably sad scenes of those who, dying in heathen darkness, were calling with the last breath upon their gods.

Miss Driscoll recalls the following infinitely pathetic incident. "A father had lifted his grown son from the hospital bed to the floor to die, and the old man

in the midst of his weeping, and the son in his dying agony, were both calling out, 'Ram! Ram! Ram! Ram!' The boy was still, and the father thinking he was dead, went out weeping loudly. I stooped, and slipped my hand inside the boy's jacket. He was still alive, but as I waited, his heart gave one last flutter under my hand and he was gone. The old father came back and, trying to control his voice, cried out to us, 'We have four daughters; he was our only son. I can bear it, but what will his mother do? When she hears it she will die!'"

Throughout the plague district, it was most touching afterwards to witness the grief of the mothers of schoolgirls who had died. They would bring their books and slates to the Missionary in charge, and shew the mark at the place where the poor children had last read, wailing piteously, "She will never need them again!" Re-opening school everywhere was sadder still, so many benches empty and familiar faces missing! Still, as their mothers testified, the teachers had the joy of knowing that many an elder pupil had received the Truth in the love of it, and had known the reality of drawing near to God in prayer.

Yet, it was glad work for our missionaries to be able to point these suffering ones in their fearful extremity to the great Sin and Sorrow Bearer; to hear many a man, woman, and child, slowly and painfully, but eagerly, repeating after them the prayer, "Lord Jesus, forgive me my sins, come into my heart, shew me Thyself," and to hear as they moved away from the sufferer, like an echo falling fainter and fainter, the weak voice re-iterating "Forgive me my sins! Forgive me my sins!"

Then, too, this awful visitation was blessed to the wider sowing than ever before of the seed of the Kingdom. At first, in the streets there were opportunities of Gospel preaching to crowds such

as never before were witnessed. Beginning by talking to one fear-striken woman, our Missionary would quickly find herself surrounded by large numbers of listeners as she turned the conversation, from the sickness and flight of the people, to sin, and the need of fleeing to Jesus. Again, in gardens and fields, where the inhabitants had settled, and in the Government Segregation Camps where nearly 800 huts were found in groups of hundreds and fifties, our workers found endless opportunities of pointing to Jesus, the Sin and Burden Bearer, the paralyzed and panic-stricken people. Those who, but for the plague, would never, probably, have heard, listened again and again to the Gospel. Even in the city during the three first months of 1897 the number of hearers rose from 272 to 1,521.

Hyderabad, 120 miles from Karachi, surrounded with mountainous scenery, and with a population of over 65,000, was not to be exempt from the awful scourge, although its inhabitants boasted it would never come to their beautiful city.

In vain they tried to hide from Government officials that the plague had come. Poor women with the complaint upon them would be found trying to clean their brass vessels as usual, and, looking up with a wan smile to the doctor, would declare they were quite well, only to drop a few hours after and pass away. Those who tried to flee from the city suffered great privations from want of food, water, &c. Policemen were stationed to guard each public road; but these often abused their trust, and by threatening to detain and report the fugitives on the plea that they had incipient plague, would extort rupees until their avarice was satisfied, and then they would allow the man to pass, saying "Ah brother, you look better than I thought. Pass on." Needless to say had this been known to the Government, it would have been severely punished.

Our pen refuses to describe fully the plague and its attendant horrors, but a graphic description has been given to the writer by our Missionary, Miss Rachel Piggott : who, at the request of the Hindu Panchayat (Council) of Hyderabad, accepted the difficult post of superintendent and nurse at the temporary hospital they had opened.

As our Missionary entered the hospital a sad sight of helpless disorder and misery met her eyes. It needed much grace, much wisdom, and great courage born of simple trust in God, to bring that chaos of hopeless confusion into order. In one small room no fewer than four patients and five of their friends had settled for the night, each party having deposited their own cooking vessels and bundles of clothes beside them. Of space, there was certainly none to spare, of air there was less to breathe.

It required some tact on the part of the Missionary, almost a new-comer in Indian and not yet fluent in the language, to insist on having orders carried out that were likely to wound native feelings. Gently, but firmly, she begged, as a favour to herself, that friends would withdraw to the verandah to cook their food, and quickly small cook houses were provided for their use, and places assigned for their belongings, so that the wards were clear for the sick. Next, a carriage marked with a large red P was prepared to fetch the patients to the Hospital, and another marked with C was got ready to convey them to the Convalescent Home when they had recovered.

When the stream of in-coming cases began to flow faster each day, the women were removed to a house opposite the Hospital set apart for them : but so great were their fright and misery that few of them seemed to care whether the men saw them or not.

As the plague increased, the people grew more and more frightened. So that they simply left their sick to die alone, and fled from their houses ; while as time

went on in the Hospital it was sad to see the friends' joy when their relatives died, so glad were they to escape from the Hospital without infection. It was a remarkable fact, however, that although one nurse caught the disease and died from it, only two of the friends who were nursing took the plague, and only one of these died. This, doubtless, was due to the precautions and sanitary conditions enforced.

It was hardly surprising, that before long, the men requisitioned to carry out the dead grew terror-stricken, and ran away. For a time the lady nurse herself undertook the awful task; but it proved beyond her strength, and the only course was for the ward attendants to remove the patients just before they died. These attendants, Hindus and Mahommedans, proved good and helpful nurses under strict supervision; although their Indian habit of thought led them to slacken their efforts under the impression that it was useless to cope with "fate."

The Hindu gentlemen themselves helped nobly. One of them never left the Hospital. Although his own brother, at a distance from him, was carried off by plague, he continued his ministrations, remarking, "It only makes me more anxious to help those in distress."

This man, seemed not far from the Kingdom and claims our prayers, for although admiring Christ's example, he will not accept Him as the Saviour. On the remark being made to him, "You seem to be very fond of children," he replied, "Yes, did not Christ say 'Suffer the little children to come unto Me.'" It was noticeable, too, that the common sorrow and affliction drew Mahommedans and Hindus alike to pray to God to stay His Hand.

But to return to the Hospital. A sketch of a day's work told almost in Miss Piggot's own words, will best shew how our devoted worker moved literally between life and death for five long, eventful weeks; and was

enabled to illustrate, by practical object-lessons, the Saviour's self-sacrificing love.

" I used to go into the Hospital at about 6.30 a.m., dreading to hear how many had gone in the night. The worst cases were visited first, and while taking the temperatures, the red carriage would drive up, and in it I should find perhaps, as occurred in one instance, the new patient, a poor woman, sitting up *quite dead*, to the utter astonishment and grief of her husband, who had brought her.

" For the patient whose temperature registered 107° there must be a special sponging with ice water, and ice bags applied to the head; while during this operation the superintendent's eye must be kept upon other ice poultices to see that they were removed by the none too watchful attendants.

" Next came the feeding, the worst cases with special food, such as mutton essence, &c., which even in the case of strict Hindus, was permitted to be done; then the more difficult task of administering medicines all round; and afterwards the oversight of a thorough cleansing of the wards, both floors and walls, with strong carbolic. While this was going on, probably two patients would die, and this meant a note to the office for the necessary bier—two long poles with a few branches tied ladder-wise, some straw, and red cloth.

" It seemed very awful that in less than two hours those bodies would be burnt and all trace of them would be gone—gone for ever. More than half of the patients were unconscious during the whole time they were in the Hospital. It was very sorrowful to hear the wailing of the heathen mourners, " Where, oh, where have you gone?" to see them wild with grief, tearing their hair, and beating their heads upon the ground. How we prayed for them! How we longed that the message of God's love might be brought more quickly to these hearts that "sorrow without hope,"

One seemed to die with them over and over again in their misery.

"By this time it was 11 o'clock and I would go to a well-earned breakfast, and rest until 2 p.m. On my return I would find several empty beds, and many new patients. More temperature-taking, more sponging, more ice-bags, poultices, &c., and continual calls from bedsides to give an opinion of the patient to some anxious watcher. At 4 p.m. another general cleaning of the ward—always a surprise to patients and friends, who failed to understand its utility. One of my troubles was that men would constantly come in and strew flowers upon the beds. Of course, they quickly withered and grew obnoxious, but I was the only one privileged to remove them.

"At five, I would creep wearily up to the bungalow verandah for tea (I might not go inside with my plague clothes), and then sometimes I would gratefully accept a "lift" in the plague carriage back to the Hospital. Not a very wise thing to do, but I was much too tired to mind!

"My first duty then was to see off convalescing patients. Oh, how rejoiced we all were at their recovery, and to see them start! Then new patients would arrive till the wards overflowed; on one occasion five men and boys had to be put in one outhouse. After this, more poulticing and ice-bag work, more anxious mothers and friends to be sympathized with, numberless questions to be answered, a little smoothing of friction between the native nurses, &c., &c. This would go on, with the exception of an interval for dinner, until about 11 p.m., when I would thankfully leave the night nurses in charge and retire, feeling very tired but very grateful to God, who had allowed me to share in the troubles of His people, who are His children although they do not realize it."

But at first Miss Piggott's work was not over when night came. The ward attendants were far too ignor-

ant of what was demanded of night nurses; and few could be found to take up the duties at all. Very soon after taking the supervision, the Superintendent herself decided to relieve the helpers for one or two nights. "Will you not have a bed?" they inquired solicitously.

"A bed!" Miss Piggott replied. "What for?"

"Oh, to sleep on," they answered.

"Certainly not," was the prompt response. "When I sit up to look after sick people, I do not sleep."

However, her fellow sitters-up retired at 11 p.m., and were not visible again till 5 o'clock in the morning! After that two special nurses had to be obtained who understood night duty.

What weary and wierd nights those were, only they who went bravely through them can tell. The dying, scattered in different rooms; some deliriously walking about, refusing to keep their beds, or being dragged up and down the wards by anxious and ignorant relatives, and made to drink, whereas their only hope of recovery lay in absolute stillness. Those for whom their friends cared little fared the best. A singular feature in the complaint was that when it attacked girls of twelve to seventeen, they lay in a heavy stupor, and, without once awakening, passed away. One ward was full of children. These all recovered, with one exception, a little girl, whose father troubled so little about her that it was good to know she went to receive the Heavenly Father's loving welcome Home.

All through this time of risk and peril, our Missionary was kept in health; and God's protecting care over her was shown in an almost miraculous escape from contracting the disease accidently. A poor boy, madly delirious, tried hard to bite her, and succeeded in scratching her wrist. Pure carbolic was at once heroically applied, and no worse result took place than a bad wrist and high fever for two days.

And what of the spiritual results? Only in the Day of His appearing shall we know how many touched the

hem of Christ's garment and were made whole. One woman told her beloved Missionary that many of the young men were Christians at heart, though as yet they dared not confess Him openly.

A boy, who had been in a Mission School, was brought into the Hospital, but only to die. When he was dying, some of the Hindus, men of good position, came round his bed and told him to call on the Hindu gods. With courage that could only have been given him by God's Holy Spirit, and with a loud voice, he exclaimed, "Never! I believe in one Saviour, Jesus Christ, and all my trust is in Him, and Him alone."

One sweet young woman patient and her mother listened gladly to the Gospel, and she was visited long after she was well, until, through Hindu opposition, the house was barred against all Missionaries. A great impression was made on these two women from the fact that on one occasion, when transferring the patient from one room to another, Miss Piggott carried the girl's shoes. The mother fell on the Missionary's neck and embraced her, in admiration of the act of great humility which the carrying of shoes conveyed to the Eastern mind.

When the epidemic subsided, and the Plague Hospital was no longer frequented, Miss Piggott was the recipient of a Government Certificate of Merit. The wording, in gilt letters upon parchment, ran as follows:—

"This is to certify that Miss Piggott rendered valuable services to Government within Hyderabad Municipal limits during the operations against Plague in the year 1897-98.

By order of His Excellency the Right Honourable the Governor in Council,

(Signed) A. F. Woodbury,
Chief Secretary to Government.

Bombay Castle,
(Date) 6th April, 1899."

A still more interesting parchment was that presented on the 5th June, 1897, by the Hindu Panchayat, in the form of a letter from the Superintendent :—

"DEAR MISS PIGGOT,

On behalf of the Hindu Panchayat, I beg to tender you our warmest thanks for the voluntary help you so freely rendered in nursing patients in the Hindu Panchayati Plague Hospital, at a critical time, at great personal risk. Such noble, unselfish work is always blessed, and it is a privilege to express our gratitude to you for the important part you have taken in saving human life.

I beg to remain,
Dear Miss Piggott,
Your most grateful servant
DAYARAM GIDUMAL,
Superintendent of the Hospital."

Accompanying this testimonial was a tablecloth worked in raised gold and silver thread, and with the inscription :—

"To Miss Piggott, from the Hindu Panchayati Plague Hospital."

At Bangalore and Mysore, a truly awful visitation of plague took place as recently as 1899. Bazaars were closed, and supplies were at a premium. The waterman was forbidden by his village headman to come in. Our *Gosha* Hospital doctors and nurses bravely helped in many a case, and visits from our ladies to the segregation camp were made daily and were deeply appreciated. Writing at this time, Miss A. M. L. Smith remarked, "If there were twenty-four instead of twelve working hours in the day, we should find it none too long."

A striking fact which is worthy of note is the remarkable immunity of native Christians and European workers during the prevalence of deadly visitations of disease. During a recent visitation of cholera at Khammamett, Miss Wells reported, "Not

one of the Mission party or workers was attacked, and among the Christians there were only five cases, all mild, and all yielding to treatment." Recognizing as the primary cause of this exemption God's special protection, we may attribute it also to faith in His power, readiness to further all municipal regulations, and personal cleanliness. Careful, regular, cleanly, and right living had much to do with it. "Hearts sprinkled from an evil conscience, and bodies washed with pure water," the Christians may be said to have moved in a charmed circle.

We have spoken at length of the plague in India, though much more might be written of our Missionaries and their work in other places where the plague has made fearful ravages.

But now, for a moment, we must turn to China, and there we find it is just as deadly a foe. Only two summers ago, and a wail of agony was going up to heaven from the city of Amoy and its surrounding villages. For twelve weeks the raging scourge claimed thousands of victims. "To-day," writes a Medical Missionary, "as some of my out-patients told me of the aching void in their hearts, neither I nor my Chinese assistant could restrain our tears. A heathen woman came in to consult me about her eyes. They were very badly inflamed. On inquiring how long they had been in this condition, she said, 'Ever since I began to cry over the loss of my children. They are all gone; the plague took them all, and I am alone, all alone.' Then the agonizing tears burst once more from her eyes. What a privilege it was to be able to point her to the God of Love!"

At the present time, plague has attacked many places in the south of the Fuh-Kien Province, and numbers of Chinese souls are being hurried into eternity.

Cholera is another awful foe which, like the plague, devastates Indian hearths and homes. The epidemic

steals upon a village, seizing victims right and left, and causing widespread panic.

"So," says Miss E. Owles, of the Nuddea Village Mission, "it stole upon a Christian village where we were staying for three months in April, 1892. In the midst of life we were in death. A person would be attacked at 10 a.m., and at 5 p.m. was being borne out of the village for burial. One evening I was hastily summoned to a heartrending scene in a Christian household. Two children had been attacked with the

A Plague-marked House, Broadway, Bangalore.

fell disease that day. The boy of nine lay partly conscious, but a glance sufficed to show that the two-year-old baby was already in its death struggle. The mother, holding fast the gasping child in her arms, was beating her breast, tearing her hair, and screaming wildly. The father, a silent, reserved man, seemed petrified, and did not even hear what he was asked to do. Three little boys crouched together awe-struck, far too terrified to join in the pitiful wailing of the mother.

"The babe was gathered into the Shepherd's arms, and laid to rest that night, and as the sorrowing father returned from the sad rite, the elder boy breathed his last. After the first wild grief, the mother's heart opened to comfort, and now she is able to look forward to the glad day of re-union, when 'them who sleep in Jesus will God bring with Him.'"

During that year, cholera swept over the Christian villages of Nuddea in a more terrible manner than ever before. Miss Dawe, accompanied by Mr. Ireland Jones, then the superintending C.M.S. Missionary, immediately went into the midst of the sick and dying. From the centre, Bollobhpur, they visited all the surrounding villages, carrying and distributing medicines, and gathered the people together for united prayer. Through God's blessing on these heroic efforts, very many lives were saved, two-thirds of those attacked recovering. But in heathen districts, where there was no one to render help, the mortality was terrible: whole families died, and whole villages were emptied.

Rapidity of death in the East never ceases to appal the European worker. The cholera scourge swept ruthlessly over Naihati in 1899, mowing down the victims in a few hours. Evening by evening a procession paraded the infected quarter, chanting to the gods that their wrath might be appeased and the evil stayed, while tom-toms were beaten vigorously and a bell was tolled at intervals.

The Misses F. and M. Leslie, writing home at that time, said:—

"The visitation has taken from our schools the child we loved best, and whom everybody loved who knew her, for her unusually beautiful, unselfish character. She was in school one day, and in Glory the next. She had not waited for death to give clear evidence that she was Christ's, and, when dying, told her father she was going to the new House prepared for her. The mother and four children were all down with

cholera, but only little Rani (which means Queen) was taken, and in the Homeland she will not remember that the last bit of the way was rough. It was short but terrible suffering."

It may easily be supposed that Kashmir, famous for its exquisite scenery, notorious for its untold filth, is subject to periodical ravages of the same scourge. Indeed, the marvel is that cholera ever leaves a soil so fertile for the microbes of disease.

Miss Hull, our senior Missionary, whose work we have elsewhere referred to, writing from the capital, Srinagar, in 1892, drew a vivid picture of the smitten city and district :—

"In these last six weeks, Kashmir, with all its beauty of sky, mountain and lake, can be best described in Longfellow's lines :—

> "'The air is full of farewells to the dying,
> And mournings for the dead.'

"Day after day, the sad death-roll has been recorded upon the doors of the Public Library—the numbers mounting even to 399 in a single day, that being the highest figure. Over five thousand are among the slain, while life, ever uncertain, has become to this poor people so vivid an uncertainty that they seem to be generally just sitting waiting for the awful visitor.

"Let me paint for you the city, as I saw it, a fortnight after it had become evident to the inhabitants that cholera had taken possession. Only a fortnight before, fire had broken out and laid about 9,000 houses in ruins. We passed in our little boat down the river between the ruins on either side. The sad idol temples, protected by metal-plated roofs, glittering in the sun-light, were alone standing in the long stretch of ruins, and seemed to mock with their heartless glitter their poor, homeless devotees. Here and there a lone woman or child seemed to be groping amid the ashes for lost treasures. Such a scene of desolation I have seldom witnessed. But I was scarcely prepared for

none can even bring themselves to speak the dreaded word that cholera had entered their home.

"I asked a young woman, 'Are all well in your village?'

"'Yes, all well.'

"'You are not speaking the truth,' I said.

"'Oh, *Mem Sahib!*' she said, coming closer and speaking in almost a whisper, 'I can't bring it on my tongue; my husband is dead, and three or four have got it here.'

"In the aforenamed house, the words had scarcely passed the young girl's lips when a scared-looking servant rushed in. 'Dead! dead!' she screamed, and our pupils vanished, screaming too.

"A boy led us to another room, where a wee girl lay in the last stage of unconsciousness; so two, at least, had been dying in that house alone, where they had told us all were well.

"We go nowhere without the needed medicines, and in one or two cases, with God's blessing, have been able to stop the first stage of the disease."

South India is not exempt from ravages by this foe, or as the people term the epidemic, a "visit from the cholera goddess." In Tinnevelly, where the crudest forms of heathenism abound, the frightened inhabitants of a village will hang up decapitated dogs on trees, one at each corner of a village, so that at whichever side the goddess may enter, she will be obliged to turn away in disgust at the horrible sight, and the people will be left in peace.

Among "their several necessities," leprosy ranks uniquely high upon the list of woes overtaking our brethren and sisters in oriental lands. It is estimated that in India alone there are 500,000 of these "most helpless, hopeless sufferers on God's earth." Although our Society has no special organization dealing with them, our Missionaries, in both India and China, are called upon to minister spiritual comfort to these

isolated sufferers ; and, not infrequently, to receive the untainted children of lepers as very special charges.

By a general consensus of medical opinion, it is conceded that leprosy is not hereditary, and, although not infectious, is contagious to only such a small degree that almost all workers among lepers are exempt. India is said to have half a million lepers, and China has, probably, a like number. The disease may certainly be regarded as incurable, the Berlin Conference verdict being, "The disease has hitherto resisted all efforts to cure it."

A Leper.

In the Himalayas, to be a leper is to incur the death penalty ; and in many places where the lepers are not allowed to be put to death they are treated with great barbarity, often driven out of house and home, sometimes being stoned away from their villages. These pitiable objects are often women and children of tender years. They will wander away into the jungle, or shelter themselves in caves, eking out a miserable existence, living on roots or whatever may chance to be thrown to them by passers-by. In many instances

the poor victims of this disease are absolutely helpless, having lost fingers and toes, hands and feet, sight and speech—"the quintessence of human misery." No class, surely, in all the world, more needs the comfort of the Gospel of Christ.

In India, and China, individual Missionaries of our own and kindred Societies have ministered to the lepers of the districts where they were working. Many names might be mentioned of those doing truly noble work; and we cannot forbear to mention Miss Reed's pathetic story, which has sent a thrill of sympathy around the world. How she herself discovered that she had become a victim to the disease; how she determined to consecrate the rest of her life to her fellow sufferers; how she took up her abode in a leper settlement in a lonely spot in the Himalayas; and how wonderfully the progress of the disease, in her case, has been stayed, as she believes, in answer to prayer which has ascended from Christians all over the world, are now matters of history.

The Mission to Lepers in India and the East was the first society founded wholly for the physical and spiritual benefit of lepers. It is at work in fifty-six centres, and in China more particularly is in touch with our Fuh-kien band of Missionaries. In her book, *Save Some,* Miss Marion Hook takes her readers to a leper village, a short walk from the Mission Compound in Lo Nguong, where, in a few small houses, upwards of a hundred men, women, and children are living, all afflicted with the loathsome disease. Around the village, the hills are dotted with horseshoe-shaped tombs—the lepers' graves. Near by stands the Leper Church, built by the Society we have named.

It was not until 1896 that the opportunity came for the C.E.Z.M.S. ladies to visit regularly the settlement on the hill. But within a twelvemonth the Gospel seed took root in these oppressed hearts, and, while *all* had expressed their desire to become Christians,

several were being definitely prepared for baptism. The large hall given up to idols was dismantled, and now not an idol is left. The story of one dear woman, who brightly confessed Christ on her death-bed, was a sample of the "signs following" the Word spoken, and a wonderful trophy of Divine grace.

As a class, the lepers are very responsive to the Gospel, exceedingly grateful for any kindness shown to them, and very genuine when converted. Some of them have been known to deny themselves a whole day's food that they may share with other Christians the privilege of giving to Mission work!

One lady Missionary tells us that her Bible Class for leper women is one of the happiest afternoons in the week. "Often have I heard those women thank God for letting them be lepers, because otherwise perhaps they would have never heard of Him, and certainly would not have been so willing to receive the Saviour. And they would say, 'When we come to the other life, when we see Jesus as He is, we shall not be as we are now, shall we? We shall be like other people, we shall not take these bodies into that life beyond!' The thought filled them with joy and hope."

Miss Darley, of Kien-Ning, speaks of the "sad, sad sights" to be witnessed in the Leper Settlement outside the city—a mere collection of sheds.

"Poor people! their faces brighten up when Heaven is spoken of, and they say, over and over again, 'In Heaven no sickness, no trouble!' God's peace is stamped upon some of their marred faces."

The pathetic story of little Bessie, the girl medical student at St. Catharine's, Amritsar, who devoted her own blighted life to ministering to others stricken with the same fell disease, is told in *Behind the Pardah*. Dr. Charlotte Vines, of Tarn Taran, tells a pathetic incident of leper patients and their agonized parting with their untainted infant, whom with heroic unselfishness they gave over to the English Mission-

aries to bring up. Many such children are being received by our workers at Tarn Taran.

But not only the pestilence-smitten and the lepers claim our sympathies. The blind demand our care, and our Missionaries are making very special efforts to reach them, and teach them, if they cannot heal.

In England the proportion of blind to the seeing is one to a thousand, while in India it is as one to five hundred.* In China, the same state of things exists, and in both countries small-pox is a frequent cause of total blindness in both eyes.

The Rev. A. M. Cunningham, U.S.A., remarks, "It may be that the Chinaman's heavily curtained and diminutive eyes may be accounted for by rimless hats, intense sunlight, sandy and windy plains, but as causes which account, at least in part, for the awful prevalence of blindness, we would mention the following: uncured ophthalmia, small-pox, leprosy, and other loathsome diseases, and that of parents ruthlessly putting out the eyes of their own children with the hope that, thus deprived of external vision, they may have, in a fuller measure, an internal vision, *i.e.*, power to read the thoughts of other hearts, which will enable them to become successful fortune-tellers, and thus bring a little more cash into the family treasury. Very many sightless girls are taken to fill houses of ill-fame. Loss of natural eyesight seems to be followed by a loss of moral vision and sense of social purity."

The largest work among the blind undertaken by our Society is that connected with St. Catherine's Hospital, Amritsar. There are five hundred thousand blind persons in India, and a very large proportion of these are helpless women and children. This fact was burnt into the souls of our workers in that great city of the Punjab, and stirred them to vigorous efforts on their behalf. Miss Hewlett, in her thrilling book

* *They shall see His Face.* By S. S. Hewlett. Chap. v.

They shall see His Face, tells of an aged woman, blind, and bedridden on account of a fractured thigh never properly set. She had been turned out of her home to die by friends who were tired of her, and was brought into St. Catherine's. The old, handsome Kashmiri woman was often admired by visitors, but whatever there was of interest in that fine old face soon gained a new beauty as light gained entrance to the dark mind, and poor, blind Khotano became a believer. She was among the first of the blind over whom the Amritsar workers could rejoice in the certainty that they had seen "the King in His beauty."

It had been a frequent cause of sadness at St. Catherine's that so many cases of hopeless blindness had to be sent away unrelieved, and at last it was determined that a class for them should be established. In 1886 a small knitting class was opened, and two or three blind women were persuaded to join it, receiving a few *pice* weekly as payment; but the opening of a permanent school for the blind was ultimately brought about by the reception of Asho, a converted, blind girl, who, for many years, has been the teacher of the Braille system of reading for the blind in the large school under Miss A. Sharp's care. No pains have been spared to improve, step by step, the industrial part of the school, which is in two divisions—for men and boys, and for women and girls. Doormats from a sort of rope produced from an indigenous rush, willow-wove baskets, wicker-work chairs, window and door blinds known in India as *chiqqs*, a binding like English webbing, called *nawar*, and the spinning of cotton, are all wonderfully well produced or carried on by the "blindies," who prove marvellously apt pupils; while heart after heart, brought under the influence of the Gospel, yields to Christ. Not a few are becoming Bible-women to their own people, and there can be no more touching or remarkable story than that of Jiwan, who is leading her Indian sisters to Christ, as

they lie in the wards of St. Catherine's Hospital, listening to her *bhajans* and reading of God's Word.

Stories of blind children received into the shelter of St. Catherine's Hospital asylum would fill a volume. It is work which must have a fruitful future. Very difficult indeed it is to realize that the boys, full of spirits and romping to their hearts' delight in their safely railed-in playground—the flat roof of the Hospital, some forty feet above the city street—are blind. Just as fearless and fleet-footed as sighted children, they play at blindman's buff, and run races with each other in the public gardens, while an accident is an unheard-of occurrence.

In 1898, Miss Codrington was led to open a School for the blind in Kucheng City, special gifts reaching her for the purpose, and twenty-two men and six women, with three helpers, were at once received. One or two cases admitted of treatment, and the native doctor was able to perform one operation successfully. The first inmate who died, an old man of sixty-four, gave evidence of truly

trusting in Christ; and an old woman, too feeble to learn much, except orally, seized firm hold of the fact that Jesus died to save her, and rejoiced in it, saying constantly, "I must trust Jesus every moment."

But we have not exhausted the list of those whose maladies constitute such a special claim upon our Missionaries' sympathies.

Closely allied, in the native mind, with any peculiar affliction, such as those to which we have been referring (especially to that of deafness and dumbness), is the idea of devil-possession. In all parts of India and China, we have seen that sickness of any kind is believed to be associated with evil spirits; but the evidences of definite demon-possession, especially in China, have been peculiarly impressive. Again and again our Missionaries are called upon to "cure" such afflicted ones, and very remarkable are their experiences of the change wrought through the power of prayer, Christian influence, and treatment. From their own people the poor sufferers are often subjected to the greatest barbarity; or, at least, their misery is aggravated by resources suggested by superstition. Many die of neglect or starvation, although their relatives may be spending all they have to cure them by fees to conjurors, who pretend to discover the cause of illness by meaningless and absurd signs.

The Rev. R. Evans (W.C.M.M.S.), of Assam, tells of diviners in every village, called "egg-breakers." The family of the sick person buy a basketful of eggs, no matter how old they are. The egg-breaker sits down, and begins conjuring by throwing a few grains of rice on his board several times, and washing them away again with water. Then, standing up, and taking an egg in his right hand, he throws it with force on the board so that it breaks. It is by the pieces of shell he professes to discover the cause of the disease. If certain pieces lie concave or convex on the board, they are

supposed to indicate whether the person will die or live. So, one egg after another is broken, until some sign is given which is interpreted to suit the idea of the conjuror. All this is done in front of the house, and takes place day after day, as long as the person is ill; while he or she, meanwhile, lies and groans without attention.

Dr. Annie Fearn (Am. Meth. Epis.), of Soochow, says that thirty per cent. of all the patients who come to her for treatment say that their troubles began with "great anger." The Chinese are subject to peculiarly violent fits of rage, which frequently terminate in insanity.

"It is not an infrequent occurrence, while out for a walk, to hear the sudden cry of 'Save life! save life!' and to come upon a man, or woman, or even a child, who has been the cause of the great anger, frantically calling for help to avert fatal consequences."

Miss Bryer relates one of the triumphs of the Gospel in the case of one poor Chinese woman, and many similar instances might be recorded:—

"A young girl came one day and asked us to go and see her mother, and teach her how to worship God, so that she might be set free from the possession of the fox-devil. So convinced was this poor woman that she was under the power of this demon, that she had been seriously ill, and her untidy appearance, dishevelled hair, pale, worn face, were proofs of the reality of her fear. It was simply wonderful how she laid hold of the fact that God is stronger than the devil, and therefore could protect her. Her mind was so dark, that it was only by teaching her one truth at a time that she could retain anything. But ere long her face was an index that the darkness was giving place to the light. On one occasion she was away in the fields grinding her rice; turning round, with a bright smile, she said, 'I am not afraid to come here now, for I know God is here too, and if I call He will hear me, will He not?'"

Our list of physical woes that overtake the people to whom our Medical Missionaries minister would not be complete without alluding to the curse which the opium habit brings upon its victims. True, it is a self-inflicted evil, and cannot be classed among ills to which flesh is heir, but none the less baneful are its effects and pitiable its captives. For captive indeed that man or woman is who has an appetite for the pernicious drug.

The storm-centre of the vice is China. Throughout her length and breadth, even in her far western provinces, it prevails to a frightful extent. In that remarkable book, *China's Only Hope*, written by a remarkable man, Chang Chih Tung, the greatest Viceroy China has ever known, the following indictment against the habit occurs, under the title, "Cast Out the Poison":—

"The Customs Returns for the past few years give the value of our imports at 80,000,000 taels, and the exports at 50,000,000 taels. The balance of 30,000,000 taels represents what has been consumed in smoking the pernicious opium pipe! Assuredly it is not foreign intercourse that is ruining China, but this dreadful poison! Oh, the grief and desolation it has wrought to our people! Opium has spread with frightful rapidity and heartreading results through the provinces. Millions upon millions have been struck down by the plague. To-day it is running like wild-fire. In its swift, deadly course it is spreading devastation everywhere, wrecking the minds and eating away the strength and wealth of its victims. The ruin of the mind is the most woful of its many deleterious effects. The poison enfeebles the will, saps the strength of the body, renders the consumer incapable of performing his regular duties, and unfit for travel from one place to another. . . . Unless something is soon done to arrest this awful scourge in its devastating march, the Chinese people will be transformed into satyrs and devils! . . . Many thoughtful Chinese are appre-

hensive that opium will finally extirpate the race, and efforts are being made to mitigate the curse. All the countries of the world recoil with disgust at the idea of smoking this vile, ill-smelling, poisonous stuff. Only our Chinese people love to sleep and eat with the deadly drug, and in the deadly drug we are self-steeped, seeking poverty, imbecility, death, destruction. In all her history, China has never been placed in such frightful circumstances."

In order to satisfy his craving, a man will rob his house of every comfort, and then sell his wife and children. Dr. Kate Woodhull, U.S.A., remarks:—

"An intemperate man will sometimes be himself again and show some love for his family. We have heard of a drunkard who was reformed by seeing his wife's tears drop into a cup of water she gave him to drink. He vowed he would never drink his wife's tears again, and he kept his word. But an opium smoker could drink his wife's tears unmoved."

The Misses Rodd and Bryer, when visiting Nang-Chong, twenty-four miles from Nang-Wa, came across an old woman between 70 and 80 years of age, deserted by two of her sons, opium-smokers; the third, also addicted to this vice, had just enough conscience left to keep her from starvation. "The poor, old woman was so bowed down with the misery of her life, that at first she could not get beyond putting two wasted fingers to her mouth in imitation of chopsticks, and exclaiming often with tears, '*Ku-chui, ku-chui*!' (wretched, miserable!) When she heard of Jesus' love, and the Home He had prepared for her, her one desire was to go there *at once*. She would turn to us and say, 'Tell Jesus to fetch me quickly, quickly!' at the same time flapping her arms like wings, to add weight to her words. As we looked at her poor, emaciated body, we felt quite justified in comforting her and telling her it would not be long now before Jesus Christ came for her." Hers was one of the many cases which prove how utterly

opium can destroy the natural affection, usually so strong in binding members of a Chinese family together.

Recently, in the Kien Ning Women's Hospital, a poor woman with three little boys took refuge from her husband. Her story was desperately sad. The man was an opium-eater, caring for nothing else, and having lost sense of right and wrong. A few months before he had sold his eldest boy for seventy dollars to buy more opium, and, that having almost gone, he had threatened to sell the second son; whereupon the mother and her three boys—all of them ill—sought refuge in the Hospital. As the distracted woman poured her tale of sorrow into the Missionary's ear, she added that she could never forget seeing her boy dragged away from her door "crying and kicking like a pig taken off to be killed."

But the evil practice is not confined to men. In some provinces as many as fifty per cent. of the Chinese women are addicted to the same vice. It is quite possible that the foot-binding custom is largely responsible for forming the habit, since opium stills the pain and quiets the quivering nerves, and, therefore, very naturally, is resorted to medicinally. The sadness, too, that surrounds the Chinese woman's life often leads to the desire to cloud the brain and numb the sensibilities. Dr. Fearn says:—

"One young girl from one of our wealthiest and most aristocratic families, when admonished for opium-smoking, replied: 'What more can you expect of us? We are women, like you. We have vague ideas of a better life. We have no way of escaping from the life that is death to us mentally and physically. We have women's diseases, and there are no physicians for us: when we suffer we must take opium until we become its slave. We would read and find out for ourselves what the world is like, but we have no education; we would study, but there are no teachers for us except through the foreigner; in no other way

can we receive the education that will serve to lift us out of the depth of degradation in which we live. In no other way can we hope for teachers and physicians who will make us what nature intended us to be. Without their help there is nothing for us but opium, and a life that is worse than death.' This is only one of thousands of such cases. Day after day they come to us with the same pathetic story."

The opium pipe to the well-to-do Chinese woman is as indispensable as her fan, and the older she grows, the stronger does the craving become.

Yet, recognising the moral and physical injury she is inflicting on herself, many a woman comes to the Mission Hospital to be cured of the habit she is powerless to quit by herself. And indeed, so acute is the suffering entailed by relinquishing the use of the drug, that it needs, not only fortitude, but a courage born of the grace of God. Dr. Arthur Kember, of Hangchow Hospital, tells of a woman opium-smoker who was in the habit of taking five drachms daily. An operation for tumour had to be performed, and, as a preliminary, opium had to be prohibited. In order to keep her quiet after the operation, and to still the awful craving she exhibited, it was absolutely necessary at first to give her as much as 8 drachms of liquid morphia in a 6oz. mixture. What were the prospects of saving this woman? Almost *nil*. Only the grace of God could deliver her. And hers is an ordinary case.

The giving up of opium by a confirmed opium-smoker is by no means an easy undertaking, not only on account of the misery endured whilst being cured, but because of the long after-weakness, their poor, weakened constitutions missing much the accustomed stimulant, for it is that action of the drug which affects them most.

Not long ago, our Missionaries at Sa-Iong were greatly encouraged by the determination on the part of some of their chair-coolies, victims to the habit, to

renounce their pipes. Rough sheds were quickly erected where they could be received and medically treated. Several were permanently cured, and became earnest Christians. Their testimony was striking: "It was not the medicine which cured us, but the *power of Jesus*." Of one of the number, a fellow coolie remarked, "If that man, who has been a worse slave to opium than I myself, can be saved, well, I believe that anyone can be saved."

We cannot dwell upon this terrible evil which creates such a "necessity" for the Medical Missionary's aid in China without referring to the fact that upon our British Government lies the awful stain of forcing the fatal drug upon an (at first) unwilling people. An inconceivably great injustice has been done to China, and is still being done. It is a deeply painful fact that during a period less by two years than the sixty years of our late beloved Queen's reign, the quantity of opium exported from India was 263 *thousand tons*, an average export of more than half a ton for every hour, day and night.

No wonder that the Chinese revolt from the foreigner—in their ignorance charging the Missionary and non-Missionary alike for bringing misery, poverty, and poison into his land. Could the long array of our martyred Missionaries in China rise up to give their testimony, they would, with one voice, declare that this iniquitous trade is one of the foremost obstacles in the path of the Gospel to Chinese hearts. They would endorse the statement made by Mr. C. Holcombe, for many years Secretary of the U.S.A. Legation at Pekin, "It has played a large and deadly part in distorting the vision, befogging the judgment, and embittering the minds of the entire mass of the nation. No language can exaggerate the evil results of the habit. No honest person who has seen its effects upon the Chinese can describe it as other than an awful curse. To force it upon China was a crime against humanity.

It is quite unnecessary to vilify the Missionary body in order to discover the cause of the bitter, anti-foreign feeling so universal in China. . . . From their point of view they have been attacked, and overcome, by an unknown and necessarily inferior race for the sake of the money which was to be made by forcing a deadly poison upon them. . . . That covers the whole question. Every victim of the drug—and he is everywhere to be found—is a walking advertisement and argument for the evil of everything foreign."

It is a terrible truth that we cannot undo now the evil which we have committed in ruining China. But may God in His mercy move our nation to repentance, and our legislators to take action in ceasing to enrich our exchequer by such blood-money, as the opium revenue surely is!

India, too, is suffering from the same awful vice. Not only are the ryots employed in poppy cultivation for the export of opium to China, but the people are becoming addicted to its use with alarming rapidity. One of the most distressing aspects of its use in India is the habit of giving it to infants to stupify them into quietness. Its results are often life-long injury in the form of stunted growth and mental paralysis.

Thus we have lightly—and oh! how lightly—touched the fringe of evils that spread like a thick curtain of many folds over our brethren and sisters in the foreign field. Each "several necessity" is surely an eloquent argument for hasting thither the foot of the Christian man and woman Missionary of medical skill.

The plea for Christian women surgeons and physicians is even stronger than the claim for fully-qualified men. For if, even in England, many women prefer to be treated by one of their own sex, how much the women of Oriental lands (especially those where the *pardah* system prevails) must

appreciate women-doctors! Forbidden by etiquette to hold any communication with men except those who are near relatives, it is, as a rule, impossible for them to obtain medical relief unless a medical woman be at hand, to whom they can come without reserve.

Christian lady doctor, nursing sister, medical student—is there not a cause why you should leave the crowded home-field and answer that "accident bell reverberating round the world"?

Do you not hear the strong crying of a great need unrealized before? And are you not conscious that it could be met by your own life-service? Why do you hesitate? What hinders?

"Love me too!"

CHAPTER V

WOUNDED LAMBS
or
Healing the Children.

A Kashmiri Boat Girl.

"Do you hear the children weeping, O my brothers?"

"It is not the will of your Father, which is in Heaven, that one of these little ones should perish." — St. Matt. xviii. 14."

"LOVE me too!" The speaker was a little, dark-haired, maiden, and her big, brown eyes were welling up with tears. She was one of the deserted child-wives of India's shadowed households. Lame and helpless from a diseased knee joint, and so, useless as a slave to him, her husband had turned her out upon the roadside to die. The pitiable little crouching figure drew the attention of a police officer, who brought her to the nearest Christian Mission Hospital,

where now she was being tenderly and speedily nursed back to health.

It was the hour of evening prayer, and the Doctor Miss *Sahiba* had lifted upon her knee the baby of the ward, also a deserted girl, whose mother, having vainly tried to sell her for twenty rupees, had left her behind as a worthless impediment. The little child-wife hungrily watched the gentle caresses of the white hand on the wee brown head that nestled confidingly on the Missionary's shoulder, and, slipping off the Hospital bed, she crept up to the pair. Taking the good doctor's hand in hers, she laid it on her own bare head and uttered the wistful cry, "Love *me* too!"

A few months later, the same wee patient, now well and strong, was happily sheltered for life in a Christian home. Visited by her first friend, the Doctor Miss *Sahiba*, in answer to her question, "Mohini, do you love the Lord Jesus now?" the fervent reply came "Oh, *so* much!"

Love *me* too! It is the cry, uttered or unexpressed, of each little sufferer who enters our Mission Hospital wards. Each young heart is yearning for some of the love that the English mother pours out upon her sick child, and which, in numberless cases, it has never known.

Yet it must not be imagined that parental love is rarely shown by the Indian or Chinese father or mother. Far from this being the case, intense love for and pride in their children is exhibited again and again by even the least intelligent, and an apparent want of affection and tenderness in nearly all cases may be traced, not to callousness or cruelty, so much as to crass ignorance, gross superstition, and bondage to caste and custom. The children's lives are cursed by the same blight as that which envelops their parents.

"It is heartrending," says a Missionary doctor, "to go among the villages of India and find what great

multitudes there are diseased for life—blind, lame, deaf and dumb, beyond the possibility of cure, because in earliest infancy the simplest remedies were not available. A child's eyes are inflamed ; the simplest and cheapest remedies would cure them ; but through neglect, the child becomes hopelessly blind for life."

It is very sad to see some of the little children in India who are brought to the Dispensaries for treatment. So thin, so neglected, so prematurely old and grave do they appear, victims to the neglect, the ignorance and superstition of their elders.

At the Ratnapur Dispensary, for a long time, a little boy was brought daily by his grandmother. A Brahmin had tied a "sacred" cord round his wrist, and it had become so tight as to eat its way into the flesh. The cord had been cut off, but his hand was dreadfully swollen, and there was a cut of about half an inch deep all round the wrist.

A Bible-woman, coming home from her work in Amritsar one day, saw a poor little creature coughing terribly and begging for *pice*. The figure was quite short, but the face was so old and drawn with pain, that it was hard to tell whether it belonged to a child or an old woman. It was really that of a little girl of perhaps ten years old, a child whose parents belonged to the shoemakers' caste, and were extremely superstitious. For some reason or another, they believed that Poonya was bewitched, and tried in numberless brutal ways to cast out the evil spirit from her. Tying the poor child by a rope, they let her hang by a beam in the roof, and while hanging they beat her unmercifully with a stick ; or again, they would sprinkle boiling oil over her naked body. At last they turned her into the street, hoping that she would soon die of hunger. It was about six months afterwards that the Bible woman found the child very ill and hardly able to walk. Poor little suffering Poonya! She was tenderly nursed in the Mission Hospital, fed and warmly clothed, but her

Heavenly Father only let her stay on earth long enough to learn of His love, before He took her to His bright Home above.

"My baby is always crying," said a Palamcottah mother one day to Miss Swainson. "Well," replied the Missionary, "I do not wonder that it cries. Look at that sore place on its forehead—how did it come?" and the woman confessed that her neighbour had recommended her to pour oil on some cotton wool, and then laying it on the infant's forehead, to set fire to it, in order to cure the child's sore eye. As a natural result, the poor little thing had almost lost the sight of both eyes.

Miss Dora White, M.B. (Z.B.M.M.), says:—

"The infant mortality of Hyderabad is great, as the ignorant prejudices of the mothers, and especially of the grandmothers, bear heavily upon children during the first few years of their lives. The Indian baby's woes commence with the first hour of its life, as it is washed by the *dhai* in the most reckless fashion, being held upside down indiscriminately, having all its limbs pulled and shampooed, its head pressed in, its nose pulled out, &c. No clothes are put on until the sixth day, but it is smeared with a quantity of oil, its brows are well blackened, and it is dosed with castor oil and a concoction consisting of forty different herbs every day. It is also a superstition that a child should not be washed again till the fourth year of its life. Among the superior classes, the child is not allowed out of the room in which it was born till it is a year old at least."

The author of *Within the Pardah* gives a most graphic typical sketch of two scenes in her Sindhi consulting-room, where wee patients are brought in to her for treatment.

"The mother, a tiny woman, not larger than a child of ten in this country, makes her way slowly, step-forward, and unwrapping from the folds of her garment

an infant, she lays it on the table before you. Its arms and legs are tightly bound down, stiff and straight, by strong strips of cotton cloth. This is the custom throughout the district of Sindh. Be it a boy or a girl, be it Hindu or Mahommedan, all are thus strapped during the first months of their existence, so that the slight exercise, relaxation and rest, which an untrammelled baby naturally gets from tossing its limbs about, is denied to infants here. These strips of cloth are tied so tightly about the soft, emaciated limbs, that you can almost bury your finger in the groove caused by this pressure. But it is not for their condition we are consulted. The child-mother turns the infant on its side, and you see that the whole back of the head has been crushed until it is quite flat. It is swollen, hot, and inflamed, and in the centre of the head, at the back, there is a running sore about the size of a shilling.

"*Every* child born of heathen parents in Sindh is, immediately after birth, placed upon a solid stone bed. Its head rests lower than its trunk, and in order that the child may not slide off headwise, and be injured, a little ledge is arranged as a headpiece. During the day, every two or three hours, some member of the father-in-law's family, with the strong palm of the hand, presses the soft, mobile little head against this hard stone, until it becomes quite flat at the back, the forehead protrudes, and above each ear large protuberances appear, almost resembling horns. This practice goes on during all the early months of the infant's life, until the head remains in this distorted shape. All this for beauty's sake. It is the fashion in that part of India, and must be followed, even though the practice result in the death of the child, which is often the case.

"We give the infant into the hands of our surgical nurse, asking her to syringe the wound, place a little pillow of surgeon's cotton over and around it, and to bandage it nicely. This done, we restore the little one

to its mother's arms, giving strict injunctions not to again place it upon its stone bed, and not in any case to remove the bandage, but to bring it back again to-morrow to have the wound dressed. She does not return for several weeks. When she does, we discover that the bandages have been removed, and perceive by the condition of the wound that the crushing process has been persisted in, despite the fever which it has caused, and the evident debility of the child. We begin to upbraid the little woman. We tell her that she is no mother, that it is cruel, unnatural for her thus to torture her little one, that she has no love for her babe. At these words, the tiny mother, with a gesture expressive of utter helplessness, and a look of entreaty, exclaims: 'O Doctor *Sahiba*, what can I do? It is our custom.' And then she adds in a still more helpless way, 'I have a cruel mother-in-law.'

"Of course, the little head is dressed again as before, and the patient and mother are sent away with stronger orders than ever; but she never again returns—not, at least, for the sake of the child. Some months later she does come back to consult us in regard to an older child, and when we interrogate her concerning her baby, she tells us in a sad way that it is dead.

"Another infant in the arms of her young mother is brought to us. Upon examination, we find the little limbs tightly bandaged down, and the head crushed; the wee ears have been pierced every one-eighth of an inch all round the rims, and dirty-looking, black woollen strings have been inserted in the freshly-wounded tender flesh. The nose also, both right and left nostrils, and the centre portion, have been pierced, and the woollen strings have so irritated the wounds, that both nose and ears have become enormously swollen. If we are new in Sindh, and have not yet learned how utterly useless it is to fight against these iron-bound customs, we shall probably follow our first imperative impulse—clip the strings, and remove them

from the ears and nostrils, afterwards passing the child to the nurse, with instructions to syringe with disinfectant solution and dress the wounds properly. This done, we give instructions to the mother to allow the bandages to remain, and to bring back the child to the Dispensary to-morrow. The mother does not return with the child for many days. When, finally, she does return, she approaches timidly, and with apparent shamefacedness. She does not carry her infant, but her mother-in-law follows on behind with the babe in her arms, while the little mother comes toward us, bowing at every step, until her forehead almost touches the floor. The mother-in-law now comes forward, and lays the infant on the table before you. The bandages have been removed from the head, black strings have again been inserted, and the child is in a worse condition, if possible, than on the occasion of the first visit. The little mother now interposes, and begs that you do not again remove the strings from her baby's ears, but that you give some lotion or ointment which can be applied, and which will cause the wounds to heal, while the strings remain in their places, adding, with all the emphasis which she is capable of expressing, that if you remove them, she cannot again bring the child to the Dispensary, because her family will have other strings inserted immediately upon her return. The strings, she declares, must remain, because her little girl is soon to be married, and then ornaments will be inserted in place of the strings. The native Indian has a conviction that the English ointment is an infallible cure-all. If we are wise we shall accede to the wish of the little mother. We will not again cut the strings from the baby's ears and nostrils, but we will have the wounds syringed and give her some lotion or ointment, which will facilitate the healing of the wounds, even while the strings remain. By this means we shall be able to relieve the sufferings of our little patient; whereas, if we were to cut the

strings, the mother would never again return to the Dispensary."

Very frequently small boys are brought as patients to our Zenana Mission Hospitals. Dr. A. G. Lillingston tells of a wee Mahommedan laddie of seven years old brought to her with a broken leg. Eight days before, when the accident happened, the fracture was not serious, but it had been bound up, rather than set, by a native *hákím*. When the Doctor Miss *Sahiba* undid the bamboo splints and black rags that were round it, she found a most dreadful wound, and the foot swollen and pulpy.

A Little Cripple at Asrapur.

In vain the father was entreated to bring the child into the Hospital. He said he must at any rate first take him back to his mother in a village five miles away. The boy's patience was wonderful. Dr. Longmire was at that time attending weekly at a Dispensary close to the child's home, and for two or three weeks the father brought the little sufferer on a doolie-bed to see her.

He was an only child, and therefore very precious to both parents, but though warned that if left at home he would certainly lose his foot, and probably his life, they steadily refused to take him to the Hospital. Becoming impatient, they soon transferred him from the Missionaries' treatment to the *hákim* again, and shortly afterwards the wounded lamb was gathered into the arms of the Good Shepherd.

Mrs. Greaves, from her long Indian experience, recalls story after story of suffering Indian childhood. Here is one:—

"'Where is Indramoti?' I inquired, on arriving at our village school for little heathen girls, one morning in the rainy season in Bengal. I missed my dear little pupil who, though always looking thin and sickly, was very regular in her attendance. 'Oh!' replied the teacher, 'she is so ill with fever that she can no longer walk to school, and, indeed, I don't wonder, for she lives in the most dreadful house. I never go there without getting ill myself.'

"On hearing where it was, I went to look after her, and found the teacher's description only too true. The outer courtyard was just covered with pools of water, into which bricks had been thrown here and there as stepping stones. Having safely crossed these, I entered through a door into the inner court, where the mother was busied with her cooking. Walking up some steps, slippery with green mould and damp, I came to the verandah, and asked, 'Where is Indramoti?' 'In there,' she said, pointing with her hand to a low, dark door.

"I entered and found the room so dark that at first nothing could be distinguished. By degrees, however, my eyes becoming accustomed to the feeble light, I saw my little friend lying on a mat on the earthen floor. She was burning with fever, and her head was resting on a pillow the colour of the floor with dirt. Her face and hands looked as if they had not touched water for days. If the Hindus cannot have a cold bath (of course, in cases of fever, this is most undesirable) they never dream of washing in warm water. However, I told the mother to get me some, which she brought me in a plate about as deep as a soup plate, and tearing off the end of her sari, she gave it to me in place of a sponge. I washed the little one's hands and face, and gave her some fever mixture. This I begged the

mother to do every day, though she never attended to my request. Turning to her I asked :—

"'Have you no relative or friend to whom you could send Indramoti for a change? Change of air is such a good thing for fever; it is this damp house which brings it.'

"'Oh yes,' she said, 'I have a mother living in the next village, but how can I send her there? Suppose she were to die in my mother's house!'

"They think it the most dreadful thing for a death to happen in a house, and therefore, when anyone is dying, if they cannot have them taken to the river, they always carry them outside into the courtyard. Their fear, I believe, is that the spirit of the departed would haunt the house. Then I said :—

"'Do let me have Indramoti. I cannot be sure that she will recover, but I will take such care of her.'

"'What!' she said, 'let my Brahmin child go to your house? No, indeed.'

"Then I found that they were Kulin Brahmins, the highest caste of all, and that it would indeed have been pollution for her to come to me.

"I visited my dear little pupil constantly, and did what I could to help her, but felt it could be of no avail while she was constantly breathing such a poisonous atmosphere. At length, one day, as I was on my way to her, a little boy said, 'Indramoti is dying, and they have taken her to the river.'

"Poor little girl, I thought, her sufferings are over, and I really felt thankful for her. On going to the school I spoke solemnly to the children about their little schoolfellow, and told them that Jesus had taken her to that Happy Land about which they had all so often sung together.

"Presently my native Christian teacher begged me to let her go to the river and see Indramoti, so I sent her, and not long after she came back to me, saying, '*Mem Sahiba*, Indramoti is not dead. She is a little

better, and wants something to eat, so I have persuaded her father to take her home again. As she is only a little girl he says he will not be so strict about the rules, and he has brought her back.' (It is seldom that anyone supposed to be dying and taken to the river is ever allowed to return.)

"I had to catch my train and could not then go to the house, but the first thing on the day following I hastened there, and found the little girl really looking better. The fresh air had done her good, and, as I entered, she was in the act of eating her breakfast, and what had her mother provided to tempt the appetite of the poor little invalid? There was some green vegetable, looking very much like spinach fried in oil, in one part of the plate, and a heap of coarse-looking rice beside it!

"Indramoti had taken a little of the green stuff in her fingers and was lifting it to her mouth, when such a look of disgust came over her face, and she said, 'Oh, mother, I cannot eat this,' and, taking it up, she threw it on the floor close to her mat, where, in a few minutes, it would be black with ants.

"I said to the mother, 'How could you think your poor child would eat this? Why did you not boil some rice in milk for her? At any rate, go and get me some milk: she is so weak, and wants nourishing food.'

"In a few minutes she brought some, but, before I knew what she was about, had poured it into the plate where all the oil was, and, with her hands, began mashing it up in the rice. I did not stay to see if the poor child could eat it. Perhaps the sight did not disgust her as much as it did me, but I really felt sick at heart; it seemed as if nothing could be done to help in a case where a little care and common-sense might have saved a precious life. With such nursing and surroundings you will not be surprised to hear that in a few days Indramoti was taken to the river not again to return. Before a few weeks had elapsed

three children in that house had died. They had all attended our school, and had heard of Jesus, the loving, Good Shepherd, and, though Indramoti seemed too weak to speak much, I believe that she and her little brother and sister are now safe within the Heavenly Fold."

The same indifference, born of superstition and ignorance, and the callousness nurtured by a blind belief in Fate, obtains with the Singhalese women.

Miss Karney, of the Gampola Village Mission, tells of discovering an utterly neglected little one, whose feeble lamp of life would soon have flickered out, but for God's blessing on her timely arrival.

South Indian Mother and Child.

"A woman was sitting on the doorstep nursing a fat, chubby little baby, and we sat down to talk to her. As we talked we heard a little moan of pain from within, and asked, 'What is that?' It was her little daughter's voice. She had always been delicate, and constant asthma racked her feeble little frame. They had once taken her to the Hospital, but she was no better. What was the good of trying to do anything? Her horoscope (the future events of a child's life, which they pretend to find out by consulting the stars) said she was an unlucky child. Why trouble about her?

"We asked if we might go in and see her. Poor

mite! How our hearts ached for her! What a sight met our eyes in the dim light. She was about five years old, and just skin and bones. Lying there, a mass of dirt and rags in a hard corner, with no attempt at ease or comfort, it seemed as if her little chest were almost heaving her life out.

"We quickly collected some 'cloths' (long pieces of cotton or print, which are wound round the body) and made a soft bed on the floor, and then we called to the mother for some mustard to make a plaster. Can you believe it? she would not stir a finger to help her own little daughter, but another woman brought some, and soon the breathing became easier and the attack passed off. Then at last the mother answered the prayer of the pleading little hands, and when she was well enough not to bother her, took the little one, who loved her unkind mother dearly, into her own arms."

But, thank God, many of these wounded lambs are being rescued. Some few years ago a poor mite of a girl was brought into St. Catherine's Hospital at Amritsar. She was suffering from a terrible burn, and her whole person was nothing but a bag of bones, weighing only ten pounds, although three years old. She had been kept by an affectionate grandmother under a small basket well pressed down, with the object, presumably, of extinguishing the little spark of life. After many months' care and treatment "Cissie" became one of the merriest and bonniest of children, sturdy, strong, and intelligent.

Here is another pathetic picture. Mud walls and mud floors, two or three strips of matting, a board covered with sand on which the children traced their letters, and in the corner of this—a Panjabi low-caste school—lay a bundle of rags huddled together. "Come, show thyself to the Miss *Sahiba*, and she will have mercy on thee," cried the teacher, glancing towards the corner. The bundle began slowly to move, and proved to be a girl of about eleven years

old. She was ill and almost starved to death, too weak either to walk or stand. With great difficulty she dragged herself along the ground with her hands, and lay stretched out at the Missionary's feet.

Her story—alas! all too common—was terribly pathetic. Her mother had died some years before when "Un-wanted" was quite a little girl. Her father had married her to a boy when she was but ten years old, although she did not go to her father-in-law's house. About six months later "Un-wanted's" father died, and the orphan girl, alone in the world, was obliged to go to the home of her little husband's parents, whom she had never seen before, and who quickly turned her into the household drudge, giving her plenty of work and little food, which soon told on her fragile frame. A slight sore on her leg soon developed into a large and painful wound, making walking very difficult, and the harsh mother-in-law was quick to say, "If you cannot work you are no good here; we shall get another wife for our son, and you must go where you like."

Poor Un-wanted! The permission to be at liberty was mockery. She contrived painfully to crawl sixteen miles, begging a little food by the way, till she reached the neighbourhood of her old home near to the low-caste school, where the C.E.Z.M.S. lady found her on that memorable day, which was to be the turning-point in her life.

Tenderly she was taken up and carried to the Mission Hospital and nursed back to health and strength, and in five months' time the erstwhile bundle of pain and misery was transformed into a tall, strong girl, happy and busy all day long in the Christian boarding school.

The custom in India of loading the arms and ankles of young brides is well known; but it is not always realized at what a cost to the wearer it is done. Apart from the heavy weight which the accummulated

ivory, gold, silver, or even leaden circlets entail upon the slender limbs, there is absolute agony from the want of circulation which they cause. Again we quote from the same writer as above.*

"The bride's arms are covered with tight ivory bangles, extending from the wrist close down to the hand up to the bend of the elbow. At this point a small space is left to allow flexion and extension of the joint. Just above the elbow the bangles begin again, extending to the shoulder. The bangles are made to fit the arm so tightly as to badly callous the wrist, and, what is worse, to interfere with the circulation of the blood so that the hands become swollen, purple, and very painful, while the uncovered space at the elbow joint swells enormously, often forming abscesses which require to be lanced. These abscesses are intensely painful, and yet the mother-in-law will on no consideration allow even two or three of these bangles to be removed in order to relieve this terrible suffering. They, the bangles, are a sign of the child's respectable married condition, and to remove them would be a disgrace, indicating her widowhood. Indeed, they can never be removed during her life, unless her husband first die. Now, if you remember that on her wedding day she is a mere child, you will know that she must grow and is almost sure at one time or another to take on flesh, and in either case the pain recurs, abscesses forming again and again. However large she may become, these bangles, which have cost her father the considerable sum of eighty or ninety rupees, are never exchanged for a larger size. When they are first placed upon her arms they render her almost helpless for a week or so; she is unable to feed herself, to dress her hair, or make her own toilet; so that a friend must wait upon her until the tender flesh shrinks away from this firm, unyielding pressure, and she becomes

* *Within the Pardah.*

accustomed to the stiffness, and is thus able to resume her daily duties."

In Hyderabad some few years ago some of the women had the courage to leave off their bangles and to wear sleeves, as their arms were sore from arrested circulation. Six men made their wives take them off, but they were so frightened at having broken an old custom that they left their homes for a week, and on their return found that the women had put on their bangles again, and their courage would not rise to a second attempt to discontinue them. In Khammamett Miss Wells had a great difficulty to persuade the father of a little child who had been severely burnt by a lamp to break the glass bangles off her poor little swollen arms. So strong are the fetters of custom which clog soul and spirit and torture the bodies of India's child-women and their guardians (?)

It is unspeakably sad to know how often Indian infant girls are allowed to die through sheer neglect. They are not killed, as in China, but the frail little life. needing such tender care, fails to get it, and the baby soul goes to the Saviour Who loves it. Quite recently Dr. Wheeler, of Quetta, had a hard fight to save a little one's life, in danger at birth, and, by God's help, succeeded. "I said a few words to the father about his baby girl, but he replied, "It does not matter about the child. There is expense with children," and in a late afternoon visit I found that the little life was ebbing away.

Again and again baby girls are forced upon our Missionaries by mothers from whose hearts all mother-love seems to have been crushed out, or because the mother, having died from mismanagement and neglect, the father will not be burdened with a daughter. Few of our Stations have not the "Mission Baby."

No work in the foreign field proves more fascinating, more important, or more fruitful than tending the lambs, especially the wounded ones. Little hearts are

easily won to the Saviour-Friend of little children. Again and again are our Missionaries' hearts gladdened by a repetition of some such story as that of wee Burria.

"A name that thrills our hearts is that of little Burria. For months she was an invalid with spinal trouble. With marvellous patience she lay day after day, not caring to move or eat, uncomplaining, asking for nothing, and giving no sign of pain or weariness, unless a careless touch forced a sad little fit of crying. Through all she seemed conscious of the presence of Jesus, and after periods of silence, which nothing could break, would say, 'I couldn't answer you before; I was praying.' She chose a framed text, in letters of silver and gold, 'Looking unto Jesus,' bought from the Calcutta bazaar by her own people, which hung always near her. For her bonny brother and sister her bedside was ever a centre of happy interest. Three months ago Burria was rather better, and we hoped she might recover. But strength failed again, and slowly the life, so beautiful in its gentle patience, ebbed away. To the last she held firmly a little Bengali book, called *Jesus is Coming*, and to words of prayer she always responded 'Amen,' when she noticed nothing else. On the Sunday of her death she seemed better, and twice laughed. Her mother could scarcely believe the child was dying, and thought there must be new cause for hope. When we called a few days later, instead of the dismal wailing often heard even among Christians, the quiet, patient grief was very touching. When the mother's shy silence was at length overcome it seemed a comfort to speak of the child's life and influence, and in a beautiful Bengali phrase she said, 'Whence she belonged, thither she has gone. She asked of God, and God gave what she asked. Now I know He can give peace and power. How often, when she would acknowledge no pain, I thought she dreaded medicine, but now I

know it was God Who gave her such peace and patience.'"

Equally as bright a testimony to God's grace was borne not long ago by a native Christian child in South India during a serious illness from which, happily, she recovered. One evening, after a weary day of suffering, she said, "Jesus has been telling me many times to-day secret things. He did not tell me them when I was well. Does He always tell sick people His beautiful secrets?" When she came out of her first attack she said, "The Devil has been here! He said three things to me. 1. 'You are going to die, and then your parents will come and revile your Missie Ummal (the Missionary)! Oh, they will say such fearful things to her!' But Jesus came and said, 'Be not afraid; I will take care of her.' 2. 'You are going to die, and you will never see your own mother again. Never! never! never!' But Jesus came and said, 'Look unto Me and do not be frightened.' Then I opened my eyes and sang, 'Look up to Jesus! Jesus will help you.' 3. 'God has deserted you! Yes, He has left you. He is not here with you now!' And he called me 'Forsaken.' But Jesus came and said, 'I will never leave you nor forsake you! Fear thou not, for I am with thee!' Then Satan ran away."

Few of our readers perhaps realize the number of silent children in the great Indian Empire to whom the blessing of speech and hearing has been denied. India contains no fewer than 200,000 Deaf and Dumb. Miss Florence Swainson, of Palamcottah, was one of the first to conceive the idea of receiving little Indian deaf mutes, whose mental powers were capable of being developed, and of teaching and training them by means of sign language. Her efforts have been successful and blessed beyond

The Dumbles at Reading and Writing Lessons.

even her own anticipation. During her furlough in England in 1900, she collected sufficient funds to build a school, and on returning to India was set free from much of her ordinary missionary work that she might devote herself more entirely to the children whom she calls her "Dumbies." Writing home in August 1901 to the kind friends who helped to raise the building fund, Miss Swainson spoke of her "dream fulfilled" in the beautiful new school with its large playground across which blows the fresh, mountain air from the Western Ghauts. There are two large dormitories, a schoolroom, an open dining room, the infants' classroom, and a little sick room with tiny dispensary off it.

In the whole country of India there are but two other schools for Deaf and Dumb, and this is the only one where destitute children can be received and educated. About seventy "dumbies" have already been placed under her care, among whom are some who have come from places as far remote as Lahore, Agra, Delhi, Calcutta, and Poona.

"We have adapted the English finger language to Tamil," says Miss Swainson, "substituting letters which are not in one language for extra ones in the other, and making a few of our own.

"We did not attempt lip reading, but by spelling on our fingers and making a code of signs we have got on most happily. Our children learn nearly everything the other classes do, and go in for the same Government examinations. The chief difference is in our reading lessons, for which we have prepared our own books. After the alphabet is mastered, by writing with their fingers on the hand, then on their slates, also signing on their fingers, we teach about three hundred nouns from pictures, which they must both spell and sign; then pronouns, and twenty verbs in the past, present, and future tenses.

"Short sentences are next formed from what they

have already learned, and a few new words are daily added; these sentences go on increasing in difficulty, until we hope the children will in time be able to read any ordinary book."*

The children, besides learning their ordinary lessons, are taught to earn their living; the girls by cooking and needlework, the boys by tailoring and carpentry. The patient, loving teaching given by the Indian teachers, who have been trained for this work, is not in vain; even the dullest mind brightens and in time grasps something, whilst the ordinary children's intellects so open that they are little behind other school children in their studies.

"This year" (1901), writes Miss Swainson, "we are beginning to train and employ as monitresses three of our deaf girls who passed the fourth standard a year ago, and they are delighted with their promotion."

Every day a Bible lesson is given, and on Sunday, Miss Swainson and the headmistress hold a little service for the children, as it would be useless to take them to church where they could neither hear nor understand. The Confession, Lord's Prayer, Creed, Ten Commandments, and Thanksgiving, are written on large sheets and each of these is gone through in signs; after which an illustrated lesson is given on some Bible subject.

A picture Bible has been prepared by this devoted worker for her "Dumbies," in five parts, illustrating, by sets of pictures, almost every story from Genesis to Revelation, and the elder girls have now advanced from understanding their meaning by signs, to reading the stories connected with them.

Several times, when itinerating in the villages, Miss Swainson has taken one or two of her little mute pupils with her, who have acted as preachers to a crowd of wondering men and women, as they have quickly drawn texts upon the sand or explained by signs the

*From *Ephphatha*, by Florence Swainson, C.E.Z.M.S.

meaning of the Wordless Book; *Black*—bad (represented by little finger up); *White*—clean (represented by washing hands); *Gold, i.e.*, something to do with heaven and crowns (represented by pointing up to the sky and by making a circle round the head); *Red*—redemption (represented by the sign of the Cross and by writing the name Jesus.)

That, not only physical, but spiritual, blessing is being richly granted in this unique work may be gathered from the following stories from Miss Swainson's pen in 1901:—

"A little Hindu boy who goes home from Saturday till Monday came a few Sundays ago for service at 7.30 a.m. I asked him if he had eaten before coming. 'No,' was the reply. I said, 'I am very sorry there is no rice for you here.' The little lad signed, 'Never mind, I can eat at noon, I must learn about Jesus,' and so he stayed without food till he had learned.

"Another little Hindu child was showing the picture Bible and telling one story after another so eagerly and excitedly that a friend, watching, said to me, 'Surely he will never worship idols again now that he knows so much.' I asked him, and he signed very decidedly, 'Certainly not"; then he added, 'But my father worships them because he knows no better; no one has taught him.'

"We have lately lost one of our brightest, happiest children, who had been with us about four years and was just going in for her fourth standard. She had always been a delicate child and went off gradually into consumption. About a month before she died, when I saw she would not be here long, I sent her home to her mother. The Bible-woman of the village wrote to me very sweetly about her; she said that as the dear little body got weaker, so that she could only drag herself about with difficulty, her little face became brighter and happier, until Christians and Heathen alike remarked on it, and wondered she should be so

happy when she knew she was dying. Peace was written on the dear child's face, God's peace was in her heart, and she was quite ready to go.

"Only the Sunday before she left, our lesson was upon Heaven; I noticed her bright, eager face, and I am sure she was eagerly looking forward to that beautiful Home, for she knew the way there. Thank God for another dear little one gathered safely in, no longer deaf and dumb!

"Seven children have been baptized this year, six as infants with more or less knowledge, and one elder girl of sixteen, who has been with us some years, and quite understood what she was doing. She long wished to come out as a Christian, but her people, all Heathen, were very much opposed, and tried to marry her to a heathen man, but the girl was firm and refused to have anything to do with Heathenism. At last her people gave way and consented to her baptism. Our Tamil clergyman who came to examine her, was very much surprised by her clear, straight answers, and it was most touching in church to see him wait after each question while she very clearly signed her answers, and showed she quite understood. She was baptized Kirubeipettah (Received Grace). The girl is very decidedly changed, and we believe a work of grace is going on in her heart, and also in the hearts of others."

For patient continuance in such an arduous task, no wonder that our workers claim our prayers!

A peculiarly interesting feature of this work is the fact that the funds for supporting it are largely raised by a Silent Service Guild, founded by Miss Swainson, whose members subscribe sixpence yearly as a thank offering for the blessing of speech and hearing.* Numbers of deaf mutes in British Institutions have

* Each Associate of the S.S.G. is asked to find twelve members willing to subscribe sixpence a year. These sixpences go to help the work in India: the Associate's own sixpence goes towards the Pension Fund of the Aged Deaf and Dumb in this country.

joined the Guild and are following this growing work with prayer and keen interest.

Yet another class of little sufferers claims our sympathy, and is ministered to by our Missionaries who seek the wounded lambs. The Famine orphans plea for shelter and adoption is one to which few could turn a deaf ear.

The principal centre of interest in these children by the C.E.Z.M.S. lies at Katni Morwara near Jabalpur, where some 150 girls at a time are received

Famine Sufferers awaiting Relief outside the Compound, Jabalpur, Central Provinces.

into a happy, homelike Orphanage. The beginning of Faminee rescue was in 1897, that terrible year of drought in the Central Provinces which made Jabalpur a painfully familiar word in the English newspapers, and which brought such a strain on the faith and courage of the Missionaries.

At first, the famine women and children left upon the hands of the workers had to be temporarily sheltered in sheds, fed, and nursed, until they were

strong enough to be moved to other Homes and Orphanages. But, in 1898, by Miss Branch's indefatigable efforts, a building was erected for them, where they are now being trained as teachers, sempstresses and *ayahs*, and not a few promise to becomes Missionaries to their own countrywomen in days to come.

At St. Catherine's, Amritsar, at this time, famine orphans were also received as at many another C.E.Z. station. Of these arrivals in the Hospital Miss Hewlett wrote as follows :—

"They were wasted to mere skeletons, and they had no strength even to sit. The state of misery in which they came to us can only be described by the word *awful*. It made one shudder to see those children and realize that they were human beings. For many days they lay motionless like little corpses under the bed clothes, which were never ruffled. No one heard their voices except when there was any sound of food, and then there would be a piteous moan of 'We are hungry!' coming from throats which seemed to have no power to bring out the words. Two of them were blind and one partially so.

"Now, only three months later those children are fat and merry, the ward resounds with their chattering and laughter, and they are to pass on to school life. That they are fast recovering health and spirits may be known from the fact of their shouting 'Samuel, Samuel!' from the upstairs ward through the windows, after my Bible lesson on Sunday, to shew how they thought the call of Samuel must have sounded!"

In 1900, Miss Hewlett wrote "All of God's servants who during that famine heard the voice of God, saying, 'Take these children and nurse them for Me,' are already reaping great joy in the happy and promising lives of these little ones. It is impossible now to judge from their appearance which were originally

famine children, and which were not. But the most happy news about the faminees is that they are simply believing and are growing up as little Christians. Several boys and girls are going to be confirmed shortly."

But to return to the Morwara Orphanage, or, rather, to the days preceding its building. A Government official, who saw Miss Branch's large band of rescued little girls at this time, remarked that they were the "happiest, nicest set of native girls" whom he had seen anywhere in the Provinces. Miss Branch, in telling of one batch of children found by the C.M.S. Missionary in a sad plight on the road, speaks of one of the girls whom at first she felt inclined to refuse on account of her hardened expression.

"But I happened to catch a look in her face, and I *could* not turn her away. The look was one of eager passivity, *so* eager, but mixed with it was 'If she does not take me it is my fate.' That look melted me, and I said, 'You shall go too.' Before the words were fairly out of my mouth the child burst out sobbing, and then I gave her a comforting touch, and found that she was burning. I said, 'Poor child, you have fever.' She sobbed, 'Yes, but it is only starvation fever, please do not be afraid to take me.'"

Very soon after the orphans were removed to their new Home at Katni Morwara, as many as twenty-one famine women and children were baptised one "red-letter" Sunday. As the Church was very small, the service was held in the schoolroom of the Orphange. The children repeated the responses very clearly, knowing them by heart, and entered into the service most eagerly and reverently—"in a way that would put many a Christian congregation to shame," wrote their Missionary-in-Charge.

That the holy rite was an "outward and visible sign of an inward and spiritual grace" was proved by the truly earnest Christian character which many of

the Morwara girls have developed. A very firm faith in prayer has been a marked characteristic of these rescued little ones.

One morning when Miss Branch visited the Home, she noticed two of the children who flocked round her as having an appealing, expectant look on their faces. Presently one of them pulled her sleeve and whispered, "Am I supported yet? Have I a 'mother'?" Miss Branch replied, "A lady will take one of you for a year"—for that very morning she had received a letter to this effect, but I must speak to Miss Dæuble (the Missionary-in-charge) before deciding which child it shall be." Afterwards it transpired that a few days before Miss Branch's visit, the matron had heard talking in the night, and, thinking the children were disobedient, went to their dormitory to correct them. But when she reached the door she stood still, for these two girls were kneeling together praying, and she overheard their prayer. "O God, have You forgotten us? No one has taken us. Do let someone support us soon." Miss Branch was privileged to take the answer for the one child, and when the kind supporter heard the story she promised to adopt the other.

On November 18th, 1900, the first five candidates from the Home were confirmed.

"During the morning before the Confirmation," says Miss Bardsley, who was then assisting Miss Dæuble, "I had a quiet time of prayer and reading with them, and it was touching to hear their earnest prayers that God would indeed bless them and make them blessings. As I saw them going up to the Bishop, dressed in their simple white *saris*, so reverently, I did feel that God had done great things for them."

Though we have been occupied with the sufferings of Indian childhood, we would remind our readers that Chinese children are not exempt from sickness brought

about by the same ignorance and superstition: nor from the effect of remedies often far worse than the disease. All Chinese applications are not so harmless as that for "pig's-head skin"—(the Chinese equivalent for mumps.) In order to drive away the pig's-head, there is, they think, no better remedy than to let a tiger loose upon it. But as this is not quite an easy matter, the cunning Chinaman reckons that the written character for "tiger" is equally effectual, and so patients present themselves at the Mission Dispensary with TIGER painted in red on both cheeks! The children of the well-to-do frequently wear a silver chain round the neck with a lock attached. This is supposed to lock them to life and to ward off all evil influences. Sometimes a miniature donkey's collar is put on the child's neck as soon as it is born, to make the spirits believe that the wearer is an animal and not a human being, and this collar is not removed until the boy reaches the age of twelve, when he is supposed to have passed safely the period during which he was most likely to succumb to childish complaints.

But happy is the child who escapes treatment by the Chinese doctor! A Missionary of the China Inland Mission tells of a little boy who had a harmless eruption on his body, and for whom his parents secured the services of the best native doctor. For about two months that man tortured the poor child by applying the lighted wick of a lamp to each spot on his body, till his screams roused the neighbourhood. At last he was brought to the Mission and cured in a few days.

For another child (in the Fuh Ning Prefecture) who was suffering from acute pneumonia, the native practitioner prescribed tea made from a few wizened prunes, pieces of bamboo tree, and grains of wheat, and assured the mother that the complaint was unimportant.

In itinerating medical work now and again, cases

of great cruelty to children are discovered, the result and effect, be it ever remembered, of heathenism.

Dr. Colborne relates the pathetic story of a small child whom he was treating for curvature of the spine and paralysis of the legs, who had been given away by her mother as useless, to an old boat-woman, who thought she would patch her up sufficiently to crawl about on her hands and feet in the boat to wait on her, cook her rice, look after the fire, wash her clothes, light the incense-sticks night and morning, &c. All the spirit seemed to have been knocked out of the child by ill-usage, and almost the only time a smile came into the little wizened face was when she heard about "the Friend for little children above the bright blue sky," and the Home we thought she would soon be going to. Then she looked happy, as she did another time when she was lying asleep at the bottom of the little boat, an old Christmas card with a bright robin on it held in her hand.

"For some time we missed the boat. . . . . However, one morning we caught sight of her and the child in the boat, the latter a piteous sight. Her lips seemed to be all swollen and covered with blistering sores, and also her hands. The other boat-women around told us that the old woman had been engaged in 'hellish work.' She had been burning the child's lips and hands with incense-sticks as a punishment for some act of misbehaviour."

Elsewhere we have alluded to the terrible evils of footbinding, but as the awful practice obtains with Chinese girls, it is fitting that we should depict it fully in reciting the woes of 'wounded lambs.'

"It would require a medical work to describe the various maladies more or less directly traceable to binding," says the author of *Intimate China*. A bound-footed Chinese woman walks entirely on her heel, and the consequent jar to the spine and the whole body which this involves is the cause of internal maladies

almost universal among the women and girls of those regions where binding is practised.

The Chinese proverb is "For each pair of bound feet there has been a whole *kang* (tub) full of tears"; and it has been said, by unimpeachable authority, that one girl in ten dies of footbinding, or its after-effects. As we have already observed, the Chinese know nothing of physiology or anatomy, and this ignorance causes untold suffering to the women and children of their land. Chinese women are disinclined to confess pain in the feet. To do so is considered *pu hao i-tsu*—indelicate. Yet, when questioned closely, not one woman in a hundred will deny that she is a constant sufferer, owing to the tight bandages.

From several authorities we have gleaned particulars showing the method of this barbarous operation; although it must be observed that the process of binding, the style of shoe worn, and the social condition of the victim, vary considerably in different parts of the empire. In the last medical report of the Chinese Maritime Customs, reference is made by the Medical Officer at Chung King to "the injuries frequently arising from the practice of compressing the girls' feet." The women of the Szechuan Province bind the feet more tightly than in other districts of the Yangtse Valley. In the South-west, a three-inch sole is usual, even among poor families. Those who work in the fields have very small feet, and kneel at their work. The rich bind the feet of their daughters at six or seven years, the poor at thirteen or fourteen.

The appliances for binding include no iron or wooden shoe: only long strips of firm, flexible calico are used. These bandages for mis-shaping the feet are woven in small hand looms, and are about two inches wide and ten feet long. The process is begun by turning all the toes, except the large one, under the soles of the feet. One end of the bandage is laid on the inside of the instep: thence it is carried over the four toes,

drawing them down upon the sole; then it passes under the foot, over the instep and around the heel, drawing the heel and toe nearer together, making a bulge on the instep and a deep niche in the sole underneath; thence it follows its former course until the bandage is all applied, and the last end is sewn down firmly on the underlying cloth.

In the early stages, the children suffer excruciating agony. Morning and night of each succeeding day the bandages are tightened and the toes are driven still further from their natural position, and, in spite of the fiercest protest from Nature, are pressed so far under the soles that the instep bones often crack and break, unable to bear the strain; or, if the bones are refractory and spring back into their places on the removal of the bandage, sometimes a blow is given with the heavy wooden mallet used in beating clothes.

Directly after binding, the child is made to walk up and down on her poor, aching feet, lest mortification should at once set in. Once a month, or oftener, the feet, with the bandages upon them, are soaked in a bucket of hot water. Then the bandages are removed, the dead skin is rubbed off, and the foot is again kneaded more fully into the desired shape. Pulverized alum is applied, and clean bandages are quickly affixed. If the binding is not speedily effected, the blood again circulates in the feet, and the process of re-binding is exquisitely painful.

All this is during the first year; but the next two years prove the most terrible time for the little Chinese lady, for then the foot is no longer being narrowed, but shortened, by so winding the bandages as to draw the fleshy part of the foot and the heel close together, untill only a space wide enough to hide a half-crown piece edgewise exists between them. This space does not touch the shoe, and is consequently soft and tender, and liable to ulceration, especially if the little victim inherits a strumous constitution. It not

infrequently happens that the flesh becomes putrescent during the process of binding and portions slough away from the sole, toes drop off, and the foot gains elegance in proportion to the pain and mutilation! When the foot is completely re-modelled, the shape is like a hen's head, and the big toe resembling the bill. There is little else than skin and bone below the knee; and the foot cannot be stood upon without its bandages, nor can it ever be restored to its natural shape.

During these three years, the girlhood of China presents a most melancholy spectacle. There is no

The Correct Size

"hop, skip, and jump" for the Chinese girl; no cheeks rosy with romps. She moves leaning heavily on a stick, or is carried on a man's back, or sits, sadly crying, the tears quietly rolling down her pallid cheeks, from eyes lined with black furrows, the tide-marks of pain and sleeplessness. At night she sleeps upon her back, lying crosswise on the bed, with her feet dangling over the side of the wooden bedstead, so that the edge may press on the nerves behind the knee

in such a way as to stop circulation and dull the pain. Even in the coldest weather she cannot wrap herself entirely in a coverlet, because every return of warmth to her limbs increases the aching. What wonder is it that through the long night she moans? Yet custom has so expunged all the finer and more generous feeling from the heart of the mother that she will keep a stick beside her own bed with which to beat the child should her wails disturb the household; or, probably, the little sufferer will be turned into an outhouse for the night.

Yet the Chinese girl is scarcely less anxious than her mother to exhibit the sign of good birth and breeding by her "lily-feet." She is taught that it would be disgraceful to grow up with large feet like the field-women, and, though she sits rocking herself to and fro, holding her maimed foot in her hand to still the anguish, she would be as reluctant as her elders to forego the custom, which is to be a source of life-long pride —and misery—to her. The heroic fortitude of the women and girls who endure such torture for the sake of propriety is amazing.

The torture does not end when, after three years, the foot is practically insensible and dead. When her feet are small enough to be encased within two and a half-inch shoes, the unfortunate owner can only stand in an inclined position, with the heel considerably elevated above the toe. She would really throw the whole weight of her body on her two large toes (the only ones left!): but in order to ease the strain upon them, a ball of cloth is fixed in the after part of the shoe, upon which the heel may rest, and thus avoid fatal consequences of cramping the big toe.

No Chinese lady ever willingly exhibits her bare feet to even her bound-footed acquaintances, so gruesome a spectacle must it ever be. But the mummy cases—her shoes—are her pride. Embroidered silk "uppers," hand-painted heels, elaborately worked ends

to the black silk scarf which covers the white bandage, such are the gorgeous sepulchres of the poor dead feet, which appear to be only the petals of a field lily as they are seen reposing on a cushion when the Cripple of Custom receives her guests.

It is not surprising that a large percentage of women and girls who seek the foreign lady doctor bring foot troubles to her for cure. Ulceration extending from the heel half-way up to the knee is by no means uncommon. A poor little girl, when only between six and seven years of age, was brought to a Mission Hospital at Nanking, both her feet being already black masses of corruption. After eighteen months of suffering she died. Such incidents could be multiplied.

Infanticide is again and again excused by the Chinese mother on these lines:— "Oh, how was I to go through the disgust and pain of binding her feet? Is it not much better as it is? Now she, at least, is free from suffering."

Twice, during the past century, severe punishment was threatened by a Chinese emperor for binding feet. It is evident that the Manchu dynasty has never varied in its opposition to the practice of footbinding.

But, in this connection, we thankfully record the progress of a remarkable, anti-footbinding movement, which, founded only in 1895, is rapidly spreading throughout the seaboard provinces of the great Empire, and is even penetrating inland. The Society called the *Pu Tsan Tsu Hui* (Natural Feet Society), formed by Missionaries, European residents, and Chinese, devotes its funds to the circulation of literature relative to footbinding, to the giving of prizes for essays upon the same, and to every effort to do away with this injurious custom. Its labours have been signally blessed.

From Shantung, Kung Hui Chung, the lineal descendant of Confucius, has written a letter saying

that his heart has long burnt within him, but he has not dared to say anything against footbinding till now, when he finds "wise daughters from foreign lands," and virtuous men, are issuing writings denouncing the custom. He is now himself collecting their tracts and circulating what he thinks the best bits put together out of them. East and west, in Shantung, Hunan, Canton, Shanghai, and even in far away Szchuan, there is agitation, and several leagues against footbinding have been formed. Influential citizens of Szechuan have placarded the walls of Sui-fu, pledging themselves to one another not to bind their daughters' feet, to seek unbound brides for their sons, and in all ways to discourage binding in their own homes. Last year an anti-footbinding society was started in Kwang-tung. Almost at once it numbered thousands of adherents. The *Pu Tsan Tsu Hui,* at its headquarters in Shanghai, has opened a register for those who join, in which any Chinaman wishing to find a bride with unbound feet for his son can see exactly among what families he is likely to find her. A sentiment against footbinding is beginning to be created in the minds of the men students under Christian influence, and it is a significant fact that, here and there, young brides are unbinding their feet *at the request* of their husbands; while one of the signs of the times is apparent in a statement made recently by the daughter of an official. Her father, she says, is connected with a purely native anti-footbinding society, composed of more than 10,000 members from official families.

Thank God that such a movement is taking hold of the people. However purely native and philanthropic each fresh agitation against the awful curse may be, do we not recognize in it the permeating leaven of the Gospel in answer to the prayers that, for years, have ascended on behalf of China's wounded lambs?

A spirited appeal to Chinese fathers issued by the

"Natural Feet Society," from the pen of its indefatigable Organising Secretary, Mrs. Archibald Little (wife of an English merchant at Chung King), closes thus :—

"There is an English poem that begins 'Do you hear the children weeping, oh ! my brothers ?' We are all brothers and sisters under Heaven. I say to the men of China, do you hear the children weeping, oh ! ye fathers ? You are each a master in your own home. Stop this great misery that the girls of China may grow up strong and brave, able to bear strong sons, and to train them to be brave and vigorous, so that your nation may be great as in the days when Mencius was trained by his uncrippled mother. You will never be a brave people whilst cruel to little children. Do you not hear the children weeping all around you ? Be brave, be pitiful ! Save the little girls whose soft wee feet are not yet broken."

It is needless to say that every Christian missionary of every denomination uses his or her influence against this pernicious custom which for centuries has held undisputed sway over the women of China. And in the Station Classes and Schools of our Society in Fuh Kien, the unbinding of feet after conversion is an occurrence which often takes place with very little exhortation on the part of the Missionary ; the *sin* of mutilating the God-given limbs is so clearly recognized by the one who has wholly yielded herself to Christ.

A remarkable instance in this connection occurred not long ago in the Kien Ning district. A catechist was appointed to a certain place, but when the people heard that his wife was bound-footed, the Christians forbade him to reside in their midst, and insisted that he should stay in a neighbouring village until his wife had unbound her feet and could walk properly, when they would be ready to welcome both.

We, in England, can scarcely realize how great a test of moral courage, fortitude, and patience it is to

the Chinese woman to appear in public as the possessor of natural feet. It is hard to understand the tenacious hold which such a wholly evil custom obtains on the Chinese mind. But, in proportion, it is an exhibition of very deep and genuine grace in the heart which leads the Christian convert spontaneously to incur the temporary pain and permanent scorn involved by discontinuing the practice.

It is a joy to our Missionaries to see the freedom of the little rescued foundlings in the Bird's Nest at Kucheng, and to know that they will grew up unmutilated and uncrippled. The children themselves appreciate the deliverance which Christianity has brought for them. "Our feet belong to Jesus, and not to the Devil," was the remark of one tiny child, as she chatted with a little bound-footed girl visitor. In *Behind the Great Wall* we have told the story of the founding of the "Bird's Nest," which now shelters about forty waifs, all of whom were unwanted girls thrown out by their parents to die. A few months ago two wee ones sitting on the stairs were overheard talking "Do you think Jesus loves us all? I know He loves some of us." "Yes," said the other, "I think He loves us *all*, or He would not have taken us out of the water."

Yes. It is because Jesus the Good Shepherd loves all the wounded lambs, that through His servants He is seeking and healing them to-day. What more blessed, Christ-like errand can there be? Why is it that so few heed the cry of the children in these far-off lands or hasten to dry their tears?

"Oh for a passionate passion for souls!
Oh for a pity that yearns!"

In Krishnagar Hospital.

CHAPTER VI

CLINICAL CHRISTIANITY.

or

Hospitals and Dispensaries in North India and Bengal.

"The spirit of Missions is the spirit of sympathy, of self denial and of service, which is only another way of saying that it is the spirit of Christ."—*J. C. Smith, D.D.*

"I believe, notwithstanding all that the English people have done to benefit India, the missionaries have done more than all other agencies combined."—*Lord Lawrence.*

IT is our purpose in the following chapters to depict as far as may be the principal homes of healing founded by the C.E.Z.M.S. While the details differ, and the pictures are of varying light and shade, the one aim is prominent through all: to bring sin-sick souls in contact with Christ, the Great Physician.

Medical Mission work is attempted in nearly every station in the foreign field occupied by this Society: but it may not be generally known how great a work on these lines has sprung up of recent years and how increasingly the Society individually and collectively recognizes that Medical Missionary work in its true form, viz., as carried on by fully equipped physicians, is becoming an absolutely necessary adjunct to, or rather integral part of, each Mission Station.

The Society to-day (1901) has no fewer than

fifteen hospitals, situated in Amritsar, Krishnagar, Ratnapur, Baharwal-Atari, Batala, Ajnala, Jandiala, Narowal, Tarn-Taran, Peshawar, Quetta, Bangalore, Trevandrum, Foochow and Lo-Nguong : each with its accompanying out-patient department; and Dispensaries also (without Hospitals) in Calcutta, Mankar, Dera Ismail Khan, Hyderabad, Sukkur, Srinagar, Khammamett, Gampola, Dang Seng, and Kucheng; also the care of a ward in the Native Hospital, Foochow.

Eight of these stations are in the charge of European fully-qualified lady doctors. Six are in the care of ladies who have had a two years' medical course of training in England. Four are placed under those who have had from two to four years' training at St. Catherine's, Amritsar, and the remaining workers in charge have had shorter periods of medical study.

We are well aware that only such Medical Missions as are worked by fully-qualified members of the medical profession are strictly entitled to be thus called. Yet for obvious reasons we venture to include a description of work which, in however small a measure, combines healing with preaching the Gospel under our sketches of Medical Mission agency.

It was in answer to many prayers that a fully-qualified lady doctor offered her generous help for the women of the Mahommedan Mission, Calcutta. Mrs. Mills, L.R.C.P. & S., Ed., had only just arrived from England (1900), and, owing to her marriage, was no longer practising. The over-pressed workers, longing for a fellow-helper with the skill so much needed, welcomed her aid with intense thankfulness.

Funds came in to keep open the tiny dispensary opened by Mis Bardsley, and to support a trained assistant from St. Catherine's, Amritsar, for a year. At first the girls' schoolroom was used in lieu of a better place; then the missionaries' own abode was invaded, and a small mud room belonging to the mission house was rented. But after several weeks,

finding themselves packed into it with eighty patients and a temperature over 100°, they were obliged to hire a second room, and now (1901) a third small mud hut is to be rented.

The Dispensary is open two days a week, and is besieged with grateful patients, as many as fifty attending in one day. More would come if they could, but the majority are so poor that to hire a *duli* is almost an impossibility. Their bigotry melts away into gratitude to their benefactors, and attention to the Message which the Bible-woman faithfully proclaims. The busy mother is away from the distractions of her Zenana, and her heart softens and gives heed to the things spoken.

It is hoped shortly to start a second small Dispensary at another Mahommedan centre—Tallygunge. But again, here, the cry of the workers is for a fully-qualified doctor and Zenana Hospital, which ought to be in every Mission centre.

The life of a missionary in the midst of heathen villages is an illustration of the days when the Good Physician was thronged by suffering multitudes until there was "no leisure so much as to eat." Out in the vast Nuddea district of Bengal numbers of sick have had to be sent away in the days before a Mission Dispensary was established and a doctor was sent out. Yet the elementary knowledge possessed by the Missionary-in-Charge, Miss Dawe, made her famous, although she refused to undertake any serious case, and sick people travelled three days' journeys to place themselves under her care. A large proportion of the patients were suffering from skin diseases and ordinary fevers, and the chief remedies for these were cleanliness, care, and common sense, cures all easily procurable indeed, yet needing to be instilled into the Bengali women's mind. It is marvellous to see how they will carefully bind up a wound with the filthiest of rags; and where burning fever is consuming the strength of

a loved child, the mother believes she is doing wisely by withholding every kind of nourishment.

Thus a medical branch of the Village Mission grew up of itself, without intention on the part of those who began the work—Miss Dawe and her one helper, the faithful Bible-woman, Rachel.

"My first peep at the work, in 1891," says Miss F. C. Brown, "was to find Miss Dawe sitting on the verandah of a mud house in which she had been holding a meeting, surrounded by an eager group of women, each with a bottle or vessel of some sort, while medicinal directions were being carefully given. The medicine were carried about by the Missionary in a rough wooden box made by a village carpenter easily conveyable by *tum-tum*. In 1892, a friend in England sent out as her representative a worker whom a short Hospital training in England rendered able and eager to help in the medical work, and soon after Miss Owles had joined the Mission, a small Dispensary was opened in a *go-down* that had been fitted up with shelves and a supply of medicines. At once the number of women and children out-patients doubled, even though a fee of two *pice* was charged, so as to ensure that only those needing medicine themselves would apply.

So many wounds and sores were healed, so many fevers cured, that the Miss *Sahiba's* fame spread all over the district and the numbers grew. The headquarters were now removed from Bollobhpur to Ratnapur, and Miss Trench joined the staff, having studied medicine and Indian diseases at St. Catherine's Hospital, Amritsar. A mud house was dignified by the name of temporary Hospital, though in reality it was only a shelter in which a patient might stay a few days, their relatives making all arrangements for cooking, &c.

The extent of the work by this time is seen from the fact that in one year, 38,000 out-patients, coming from 900 different villages, were treated; while the immensely wide seed-scattering which took place will

be realized when it is known that each patient received a very simple Gospel tract, printed in Bengali on the back of her prescription. This paper containing particulars of treatment, &c., was to be carefully produced on each visit to the Dispensary. A translation of the tract runs as follows:—

"Why have you come to the Dispensary? Is it not because you are sick and wish to get well? You believe that if the Doctor Miss *Sahiba* gives you medicine you are sure to get well. How she will heal you, you do not know, but you believe she wishes to, and will do all in her power for it. The Doctor Miss *Sahiba* cannot heal all the sick nor drive away every disease. She is not God, but only human, but she tries to make the sick ones well, and often does so, and her medicines act on the diseases. But besides this there is another kind of disease far worse than that of the body. We call it the disease of the soul. Whether rich or poor, whether young or old, whether male or female, all have this disease. What is it, and who can heal it?

"This disease is sin! There is no one who has not sinned. Are *you* without sin? The Doctor Miss *Sahiba* cannot heal this disease, but she knows who can. There is only One in the world who can heal this soul-disease. He is Jesus, the Son of God. *Jesus can put away all sin and heal everyone;* for He is God. It is written in the Gospel, 'All power is given unto Me in heaven and in earth.'

"*Jesus wishes to heal everyone.* He says, 'Come unto Me, all ye that are weary and heavy-laden and I will give you rest.' Also, 'God so loved.' &c. (St. Jno. iii. 16).

"*Jesus has promised to heal.* He says, 'Him that cometh to Me I will in no wise cast out.' Do you wish to be healed from the disease of sin? Do you wish for a new and clean heart? Come to Jesus: He will heal you. Great or small, all who have come to Him have been healed, every one.

"At the Dispensary each morning something will be

told you about this. Listen attentively, and you will find out how you can come to Jesus and be healed."

Funds for building a Hospital were sent in answer to prayer, and were placed in Miss Dawe's and Miss Trench's hands when on furlough in England, and the still more valuable acquisition, a fully qualified lady doctor, Miss V. Von Himpé, M.D., was provided who took over the entire charge of the medical work in June, 1897. Miss E. Owles, with true self-effacement, wrote thus of the event: "None gave a heartier welcome to her rightful post than the 'quacks' who now gladly hide their diminished heads for ever and a day."

The new building was opened with much thanksgiving and prayer on New Year's Day, 1900, by the Rev. F. Paynter, whose munificent donation to the building fund had made its erection possible.

All the C.M.S. pastors, teachers, Bible women, and Church members from the neighbouring Christian villages were invited to the opening ceremony, which took place under the fine, stately trees in the compound. The Clergy, the Rev. E. T. Butler and the Rev. Koilash C. Day, conducted an impressive little service, Bengali-English forming equal parts in the proceedings. After the benediction had been pronounced, Dr. Von Himpe presented Mr. Paynter with the key of the Hospital, who, having unlocked the door, declared the building opened and stated the motive and object of its work in a few appropriate sentences.

The Hospital, in reality one large ward, has been fitted up with great completeness of appointments for the care of the sick. The Dispensary, a twin building, is in a prominent position quite close to the road. It consists of four rooms, for dispensing, consulting, dressing, and stores, and has a verandah to accommodate the patients.

During one year as many as twenty-seven inpatients have been received, and nearly 9,000 have visited the Dispensary.

Dr. Von Himpé has also opened a Dispensary made of mud and thatched with straw at Meherpur, a small town about eight miles from Ratnapur. The itinerating doctor finds her bicycle an invaluable steed in the cold, dry weather. She says: "The little cow-boys are delighted to see the Miss *Sahiba* coming. They shout at the top of their voices and try to keep up with her as long as possible. Meeting a herd of cows is a funny experience. Buffaloes, too, take to

The Dispensary at Meherpur, Nuddea, Bengal.

their heels and flee for their lives from the uncanny machine, and it is most ridiculous to see those bulky creatures running."

The *tum-tum* is, however, the more usual mode of conveyance, as it can hold a Bible woman and *tiffin* basket; but sometimes during the rainy season, the river is the only road left, and then several long hours must be spent in the Mission boat.

Several *bows* in the town have invited the doctor to see

and prescribe for them and give, not only her, but her Message a warmly appreciative reception. Often their neighbours are invited and so quite a small congregation is assembled. The work in this out-station is growing amazingly, and now (1901) the Missionary physician has an ever-increasing number of patients awaiting her at the Dispensary and many more eager requests to visit the higher caste women in their own homes.

Kushtia, a small town in the N.E. of the Nuddea district, has recently become another permanent out-station and point of Medical Mission interest. A Dispensary was opened in 1899, and Mrs. Peters, a certificated nurse and Bible woman, has been successfully prosecuting very real Medical Mission work in the homes of the people. Miss C. P. Marks, who has been in charge of the Dispensary for a time, speaks of the gratitude of the women for relief.

"Some fall down on the ground to touch our feet with their foreheads, saying how good the medicine was and how much better they are. Others bring as a thank-offering some minute fish in a particularly dirty piece of cloth. Of course the cloth is dirty. Who would think of putting fish into a clean cloth? Others again bring eggs and native fruit. Though we are generally glad to hand over these dainties to the Bible-women, it is always a source of joy to know the feeling which prompted the gifts."

Miss C. Harding.

Although not yet entitled to the name of Medical Mission, simple remedies to the suffering folk of Mankar, in the Burdwan district, have been administered so freely and with such remarkable results by our Missionary in charge of the station as to call for very special mention.

The work virtually began in 1898, when Miss C. Harding, on her itinerating tour in the cool weather,

took with her a small stock of medicines, having previously found herself besieged for medical advice from those to whom an English lady and *sinyana* or wise woman are synonymous terms.

In those villages visited before she had a warm welcome, and now the news quickly spread, that 'the *Mem* who gives the medicine has come.' Forthwith the halt, maimed, and blind were brought and placed before her, in the firm expectation that something could be done at once for them, no matter how complicated the diseases might be.

Often Miss Harding and her companion, Miss M. Lloyd, would find a crowd awaiting them on returning from a village to their breakfast. This meal they would have to partake of in the midst of a group of watching "patients" who would spring forward the moment the repast was finished, each wishing to be the first served. Only very simple physic was dispensed, neither of our Missionaries professing to be doctors: but God wonderfully blessed the remedies, and made them a lever to raise the barrier of prejudice and open hearts to the Gospel.

Soon after the workers opened a small Dispensary at their village Mission centre at Mankar, twenty miles north of Burdwan; and a trained medical student from St. Catherine's Hospital was appointed to assist them. Immediately the news spread and patients came from twenty miles away. Numbers of villages never before visited were thus reached, for day by day the Gospel was lovingly proclaimed to the waiting women. In five months no fewer than 1,460 patients attended the Dispensary, coming from as many as sixty-two villages and thirty *parahs* (Hindu or Moslem quarters) of Mankar district.

Such a work had to go though a baptism of fire; and a month after the opening of this place of healing a memorable disturbance was wrought by the Enemy of Souls, whose territory was being so powerfully invaded.

A little, famine-stricken child was brought to our Missionaries. The child's mother died on the road from starvation, and left her little boy and girl, ten and seven years of age, in the hands of a poor woman travelling in the same company. This woman came to the Dispensary for medicine, bringing with her the little waif. Poor wee mite, she was quite willing to stay and be fed, but her little brother raised a hue and

Mankar Mission House.

The Dispensary is at the right-hand corner; the Verandah in front is used as Dressing Room. Patients sit under the porch to the right.

cry, and one hundred men, armed with sticks, mobbed the house, and demanded the child. Being of the lowest caste, they did not really want her, but merely came to annoy the ladies, because they were jealous of their influence, and of the friendliness of the people.

We continue in the words of our heroic workers:—"We shall never forget that eventful day! We defenceless women faced an infuriated mob of the worst characters in the place. The ringleader was a man

who sells drink, and he urged the people to strike us down if we would not give up the child. He offered one hundred rupees to the man who would so injure me that I should never be able to preach the Gospel again. Their shrieks of "Beat the *Mem*," "Bring out the child," "Tear down the house," "Disgrace the *Mems*," were deafening. It was in vain that we tried to explain why we had shown kindness to the child. One man held his fists so close to my face that I expected a blow every moment. Then the words came to me as if audibly spoken, 'Fear not, I am with thee.' God did indeed stand by me, and held back the hands of those men, who seemed, for the time, possessed by Satan."

In the end, much to the grief of our ladies, the child had to be given up, although the case was tried in the Indian law court, that so better protection might be afforded to the Missionaries. The prayers of Christians at home were fully answered and the people became more friendly than ever. Not a stone was thrown, not an insulting word was said, as the workers went in and out among them as usual. But the greatest astonishment was displayed at the ladies' courage, and the people wondered how it was that "*women* should have the power of kings."

A remarkable sequel followed. Some months afterwards Miss Harding was called at the eleventh hour to see a little child very ill with fever, who had been treated with blisters, &c., by two heavily-feed native quacks. Entirely in answer to prayer, God blessed the remedies used, to the child's complete recovery, and a great impression was made on the family. Shortly after, the wife asked for medicine for her husband, who was suffering from a bad cough. Imagine the surprise of our Missionary when, at her next visit, the master of the house prostrated himself in grateful homage at her feet, and when face to face with him, she recognized the foremost rioter on that eventful day, who had stood

over her with his club, threatening her life if she did not give up the famine waif!

The man's heart was completely softened. Each time, thenceforth, that the Missionary went in and out of his house she was welcomed as a friend, and her Message was received.

Thus does "Clinical Christianity" appeal to the hearts and consciences of the people of Mankar. In hostile villages, where, formerly, 1,000 rupees were set

Interior of the Dispensary, Mission House, Mankar.

on the Missionary's head, and where the workers had fearlessly continued visiting and giving simple remedies during a visitation of cholera, they now receive the warmest welcome.

New patients continue to come to the Dispensary, being advised by their friends to "go to the *Mems* who give good medicine without price, and speak kind, holy words," and medicine is still taken on itinerating tours. Two workers will sit by the roadside, on the highway

to a market town, and, with their medicines arranged before them, waylay the passers-by. Nearly a hundred people will thus hear the Gospel and receive some remedy in a single morning. On one occasion, a man was beginning to argue on behalf of his gods, when another bystander called out, "Did the gods ever put it into the heart of anyone of our doctors to give medicine for nothing, as the *mem* is doing?"

Even in the forest villages a welcome awaits their *didi*, or elder sister, as the women delight to call their Missionary friend. "*Didi* has come and brought her medicines, and she speaks good words; come and listen."

The Dispensary is held in the little house occupied by the Missionaries. The patients begin to assemble at 7 a.m., and, before they are attended to, prayers are held in the dining-room with the Bible women. Naturally, the women are inquisitive enough to pull aside the curtain to discover what the *Mems* are doing, and the remark of one patient to another is often overheard, "These Christians pray to God to bless the medicine, and that is why it does us so much good."

"They have wonderful faith in us," says Miss Harding, "and, though we tell them we are not doctors—I often wish I were a doctor, and need send none away!—they are certain we can do something. 'What! all those medicines and you cannot give me one drop!' said an old woman who had walked twenty miles, when I told her I could do nothing for her disease because I am not a doctor. We are sorely needing a fully-equipped medical lady, and are asking God to send us one."

At Mankar, our Missionaries are twenty-five miles from a doctor; and there is no Medical Mission throughout the Burdwan district—somewhat larger than Lancashire, and containing one million and a half of inhabitants.

Krishnagar, a sacred Hindu city, the resort of

pilgrims to the shrine of Chaitanya, is a stronghold of Hinduism, and, therefore, has its own special difficulties as a Mission Station. Here, in consequence, Medical Mission work became slowly, but surely indispensable to the success of the general agency. Opposition amounting almost to persecution attended the earliest efforts, but prejudice was overcome, and through the kindness chiefly of the former Collector and his wife, the workers were able to build and double the size of the original Dispensary.

Miss R. M. Phailbus has had charge of the Medical work ever since it began in 1890, and is now assisted by Miss Bose. Miss Phailbus is a Panjabi lady, who had five years' medical training at St. Catherine's, Amritsar, and holds Government diplomas. In her one sees a remarkably encouraging specimen of the result of Missionary effort. Her father was a native clergyman, she was educated in the Alexandra High School, was trained at a Mission Hospital, and is now labouring as a Medical Missionary among her Indian sisters, respected and loved by all with whom she has to do. She is assisted by a staff of Bengali trained assistants. The Dispensary is situated in the middle of the town, and in a very bigoted portion of it. The verandah, holding about eighty patients, is packed with women every morning except Saturday and Sunday, and singing of Gospel hymns, and preaching goes on every day for about four hours. As many as 1,900 new patients, and 1,300 old patients will receive treatment at the Dispensary, and seven hundred visits at least will be paid to others at their homes during the year.

One day a woman appeared and informed Miss Phailbus that she had walked twelve miles as she had heard that the Missionary knew how to feel pulses. She looked plump and well, so she was asked why she wanted her pulse felt. "To know when I am going to die," she replied, to the amusement of the

other patients. But advantage was taken of the incident to point this dark soul to Christ, and she went away much impressed.

No charge is made for medicine, but the patients have to bring their own "bottles," and it is amusing to see the extraordinary variety of receptacles covered by that word. A woman will present a tiny bottle expecting that a cough mixture to last two days for her child, and a lotion for her own rheumatism can be put together, and is quite astonished when told to bring another and a larger bottle. They have become accustomed to taking medicine from Christians, although to take food from them would break caste; but even now, the water necessary for mixing the physic has to be kept in large medicine bottles, and dispensed like medicine to prevent arousing caste prejudices.

The Dispensary gate, opened at 7 a.m., is closed at 10.30 a.m.; but during that time, in the rainy season, as many as 200 patients will have entered. Each one receives and retains a numbered ticket for which she pays 2 *pice* on her first visit. These tickets are made from Mrs. Grimké's text-cards, and are often kept for years. The patients are passed into the consulting-room in order according to the numbers on their tickets.

A very interesting out-patient was a woman, Kamini by name, a silversmith's wife. For three months she came regularly to the Dispensary, bringing her little granddaughter with a bad foot, and would sit near the Bible-woman listening attentively. When the child recovered she returned to her home in a distant country town, taking a Gospel with her. Nearly two years afterwards, when a Zenana Missionary and this same Bible woman were out in camp, they came upon Kamini in her own home. It was touching to see the delight with which she welcomed them, and heard once more the Words of

Life. They found, to their great joy, that she was still believing in Christ, and speaking of Him to her children and Hindu neighbours.

For a long time the workers felt the need of, at least, a room where serious cases could be nursed for a time; and in the summer of 1895 they opened a tiny Hospital in their own compound. This was accomplished by fitting up the large "Converts' Room" as a ward, with portions separated at either end by wooden screens, to form a class room, doctor's examination room, and bathing (cemented) room for the patients.

It was no easy task for the superintending Missionary to oversee the carpentering required to make the screens fit into one another, and also into the uneven ground. All the wood-work that touched the floor had to be covered with pitch, to prevent the whole being eaten up by white ants. These uninvited inmates came up out of the ground in all directions—like an army. "I poured pitch into some of their habitations," said Miss Collisson, "only to see them come up out of a fresh hole. Then I bathed them in kerosine oil with better success."

The room, however, made a charming little extemporized Hospital. It contains six beds and a cot, and looks very airy and inviting, with bright Scripture pictures and texts hung around. It is very keenly appreciated. One of the beds, it is delightful to note, is being supported by the girls of a Mission School in China.

The iron beds and bedding are of the simplest description—straw mattresses laid on boards, two sheets and a counterpane, complete the furniture of each.

Patients are generally astir by 5.30 a.m. when the night nurse makes their beds. At 6 a.m. a Bible Class is held for the nurses every day except Saturday, the Hospital being left in the charge of a special helper.

After this the day nurse comes on duty, taking temperatures, giving out the milk and bread, and then undertaking all sponging and dressing of patients, which goes on until 10 o'clock. At 10.30 breakfast is given, some enjoying vegetables with curry and rice, and others sago and milk. Miss Phailbus usually makes her morning round at 7.30 a.m., and again at 12.30 midday. At 2 p.m., milk and soup and bread are served and then the patients have a quiet rest until 3.30, when the afternoon nurse comes to take the temperatures and to do other necessary things. At 5 o'clock the doctor again goes round and prescriptions, &c. are written. From 4 to 5 p.m. the patients are allowed to receive visits from their friends. After this prayers are taken. First a hymn is sung, followed by a short Gospel address and the offering of a simple prayer, committing each patient to the Great Physician's care. Then comes dinner, the diet varying according to the illness of the patient, after which those who are able to walk are sent into the open air for a little stroll. At 7 p.m. the night nurse comes on duty, and at 10 o'clock Miss Phailbus makes her last round.

Sunday differs in many respects from the ordinary day. No sweeping or dusting that is not absolutely necessary is done, and all surgical dressings that can be left safely wait until Monday. The Gospel address is given at 3.30 p.m., and very often the nurses sing to the patients in the evening. The patients are quick to observe and appreciate the difference made by the Christians on their holy day. Not very long ago a poor woman reported to the doctor on Monday morning that she had been suffering great pain on Saturday night. When remonstrated with for not having mentioned it before, she replied, "Yesterday was Sunday, how could I disturb God's Day with my ailments!"

Some especially interesting cases from a doctor's point of view have been treated successfully in this

small Home of Healing. A poor, thin woman, brought in a bullock-cart by her husband, was found in a burning fever, her right leg and knee a mass of running sores. She had been treated by all the village doctors and quacks, who had given her up as a hopeless case. The assistant surgeon at the Government Hospital had advised amputation, and for the first two months at Krishnagar, this last resource seemed inevitable. Ten weeks after her admission, her little baby was born, and soon afterwards she began to improve, though she was unable to leave her bed for four and a half months. When at last she left the Hospital, the leg was almost completely healed, and has proved to be permanently cured. It is not surprising that she believes that the Christians have a prayer-hearing God.

Although the patients shew a good deal of fortitude in bearing pain, they shrink from anything that can be likened to an operation. The sight of a clinical thermometer is quite enough to frighten many a woman, who will rush away screaming should she be requested to place such an "instrument" under her arm.

From the beginning of the work, there have been definite spiritual results. Some of the patients have become earnest Christian workers as teachers or assistant medical helpers. One, a Mahommedan, in spite of her relatives' opposition, was received into the Converts' Home at Baranagore, and was there baptized. Her life has been most consistent ever since. By her own desire she returned to the Mission House at Krishnagar to learn to be a nurse in the same Hospital and Dispensary where she herself found Christ.

The seven beds in this little Hospital are always full, and many cases have to be refused. The two workers and their staff have their hands full with the two dispensaries, the hospital, and private visiting. The visits of out-patients in the year now amount to

nearly 27,000, and over 700 visits have been paid to pardah patients in the same period. The houses of the rich and high caste have alike opened to Zenana Missionaries through the successful medical treatment. Even the Palace was re-opened to Christian teaching through the same influence, the young Rani having received benefit from Miss Phailbus' medical advice, and thereafter giving her and her friend, the Zenana Missionary, a warm and loving welcome.

The Dispensary has now (1901) again to be enlarged, owing to the requirements of the steadily growing work. This has aroused the jealousy of the Hindus and much opposition, so that, for a time the workmen were not allowed to go on building, and, although the new verandah is finished and in use, the Municipality will not yet consent to steps being put up. But our workers are fully assured that while, in this fresh outbreak of antagonism, the early history of the Mission is being repeated, God's work will not be overturned, and that He will over-rule all to the extension of His Kingdom.

CHAPTER VII

I WAS SICK

or

Hospitals and Dispensaries in the Punjab

"Where wast Thou sick, Lord, and we knew it not?
Had we but known, how swift had been our feet
To bear us to Thy couch! Ah, service sweet
To watch beside Thee in the dreariest spot"—
"Far off I lay, in heathen lands forgot
By thee and all. The blood of lepers beat
In the poor limbs. The glare of China's heat
Fell on My head—thou didst not share my lot
In Persia, when the skill-less *hakím's* arts
Had almost broke the silver cord. The sun
Shone in an Indian room: thou didst not see
My form on that bare floor. These broken hearts
Thou didst not bind. For that thou hast not done
It unto these, thou didst it not to Me."

E.F.F.

Dr. Livingstone wrote, "I am a Missionary, heart and soul. God had an only Son, and He was a Missionary and Physician. A poor imitation of Him I am or wish to be. In this service I hope to live, and in it I wish to die."

HOSPITAL work has been called "the intensiform evangelistic department" of Missionary work. Few, perhaps, yet realise the immense influence for good radiating from the simplest and humblest Dispensary which is opened in a heathen land in the Name of Christ. God give wisdom to the brave

workers in the little Homes of Healing dotted over India and other lands—so many toiling against great difficulties; so many inadequately supported and barely equipped!

Dr. C. Vines sketches very forcibly the benefits accruing to Indian Village women from the Mission Hospital and its adjuncts.

"One sees more and more what an important part of Village Missions is the medical work, how far-reaching its results.

"The districts are large, the distances great. The village Missionary goes daily to the villages around her near at hand, but the numberless equally populous places at a distance she can visit only when itinerating. Dividing her district into two, she can visit one-half only during each of the itinerating tours. Should bad weather, sickness, or special calls come during that cool month, and she cannot go, it will be two years before she visits those villages again. One visit, one hour's teaching, two years' interval—how can the heathen mind remember? Meanwhile, numberless women are dying knowing but the name of the Saviour, and that as a far-off memory.

"We might invite a woman to come to stay in our compound to be taught. She would smile and shake her head. But when sickness befalls her or her little ones, she first goes to the 'wise women,' or procures medicine of the village doctor. She gets no better, and at last in despair cries, 'I will go to the Miss *Sahibas*!' 'You cannot go,' shriek the neighbours. 'What a disgrace!' But day after day she persists. At last they shrug their shoulders. 'It is fate,' they say. 'Go! if you die, you die; if you live, well and good.' She comes, timid, shrinking, suspicious, ready at the least word to take alarm and fly. Day by day she becomes more reconciled to her new surroundings. *At first* she would say, 'When will you cure me? How many days more? When may I go?' *Now*, when her

relatives come to fetch her home, she pleads, 'Wait a few more days: I am not cured yet.' At last she goes out, well and happy, and in a few days come those same neighbours, bringing their sick. They, too, hear the Message and return. And now we know that there is one in that far-off village who, whether she accept it or not, has heard the story of Christ's love too oftento forget it; that she will be asked to repeat what she has heard again and again; and that when others are in suffering that woman will be the first to say, 'Go to the Mission Hospital.'"

In *Behind the Pardah*, we have attempted to outline the history of our largest C.E.Z.M.S. Home of Healing, and, perhaps, in many ways the most remarkable of our agencies—St. Catherine's Hospital, Amritsar. Together with its variety of branches that have sprung from the parent stem, it stands as a centre of physical and spiritual healing. Its influence radiates an immense distance, since it is a recruiting and training ground for Indian Christian nurses. Again and again in the course of these chapters we have referred to this Institution as having supplied workers to the Stations described in all parts of India. In 1900 as many as twenty-seven native workers were employed at St. Catherine's, all of them truly Christian women, seventeen of whom had become converts through the instrumentality of Medical Missions.

Miss Hewlett, the Missionary-in-charge, and foundress of the work, has never wearied of her labour of love, and her faith and courage have been honoured by marvellous success. From a tiny City Dispensary of only two rooms, opened in 1880, in the Mahommedan quarter of Amritsar, where, on the first day, only one woman timidly presented herself for treatment, the institution has expanded to a building 255ft. in length, capable of holding forty-two patients, while altogether one hundred people live upon the premises.

St. Catherine's is no modern nor handsome building, but an irregular pile which has come together by accretion, growing with the growth of the work; in reality a collection of houses and compounds communicating with one another, and adapted to meet the varied requirements of its suffering or destitute inhabitants.

Three large Dispensaries are connected with it, the third being situated close to the Golden Temple, at a spot frequented by women who come to bathe in the Sacred Tank, and, therefore, peculiarly advantageous. A Converts' School, a training home for nurses and compounders, a Crêche, an Industrial Home for the Blind, and a Convalescent Home for Destitute Women, are some of the agencies grouped together around St. Catherine's; in addition to which are such vigorous offshoots as St. Mary's, Tarn Taran, and Baharwal-Atari, of which we treat in subsequent pages, as they are now separate institutions and stations.

As early as 1884 the care of the Maternity Hospital was committed to Miss Hewlett by the municipal authorities, since which time the systematic training of *daies* has always been a most important and successful department of the work. Naturally, opportunities for reaching women in their own homes have multiplied, and Zenana visitation has received a tremendous impetus.

In her report for 1900-1901, the first year of the third decade of the Hospital, Miss Hewlett based her record of God's work in St. Catherine's on the words, "Behold, the days come, saith the Lord, that the plowman shall overtake the reaper, and the treader of grapes him that soweth the seed"—Amos ix. 13, and speaks thus:—

"'Many English friends will never see our pretty, cheerful wards; they can only imagine them; and yet they are reaping in them, with us, the blessed fruits of

what has been sown by them as much as by us. It is wonderful what a change comes over patients who stay some time to be nursed. The poor creature who came in very ill, and so stupid and ignorant that she seemed to lie like a senseless log, almost incapable of understanding anything, and practically without any idea at all of God, seems to have become a different woman by the time she is well enough to sit up; so civilized at least, and so awakening to some facts beyond eating and sleeping, that she even has her choice of a hymn, and will say her text at the Sunday afternoon service. She has been aroused in some measure to a sense of God's love for her; she likes to listen to those who try to teach her of Him, and she will get up and kneel by her bed quite voluntarily, while the Miss *Sahiba* prays, and will grow accustomed to asking a blessing on her food. But she will go away, back perhaps to a distant village. Will all the work be lost, and hope disappointed? It may often seem so, but the seed has been sown, and we do have our old patients back, glad to come, and willing to be taught more. One such did return about a year and a half ago, and was baptized early in the year. Her name is Tabi; she is a quiet, happy Christian, and is certainly growing in grace and knowledge. She is a paralytic, so must be a chronic in-patient. Another such case is that of a poor, blind woman who a year ago was anxious for baptism, but who went away to fetch her child and was forcibly detained. At last she has come again: her child is dead, and she is now anxious to be received alone, as an inquirer. She is a chronic patient, and needs constant care and being ministered to. May her case be laid on some hearts to plead for her full salvation! Her name is Bholi. We may have a bright and blessed hope that in this instance, as in that of others, *the ploughman shall overtake the reaper, and the treader of grapes him that soweth seed*."

Again the Hospital has had to be enlarged, this time

by the addition of three wards, representing six new beds. The enlargement was undertaken, partly on account of the influx of Faminees, who have to run the gauntlet of numberless ills and a hard struggle for life consequent upon their exhausted condition when rescued; and partly for increased working space, possibilities of isolation for infectious cases, and to gain quiet and more suitable out-patient rooms, together with a generally improved sanitary condition.

It was a costly undertaking, for much needed to be done after carrying on in-patient and out-patient departments so long in too strait a place. But the workers waited until God gave the means to do the work thoroughly, and to pay the workmen week by week, without debt or difficulty. Kind and faithful friends came forward to supply the need, and all was met in a manner that could leave no doubt that God Himself was guiding and providing the unsought means.

We have already spoken of C.E.Z. work in rescuing the famine-stricken. A large share in this special ministry has been taken by the Amritsar workers, and during 1900 fifty widows and children from the Bhíl country were received at St. Catherine's. Of the physical and spiritual help they derived, Miss Hewlett remarks as follows:—

"As we sit writing, or taking our meals, we have this crowd of 'heathen' women within a few feet of us, yet so well-conducted, so civilized, and so orderly are they already, that no one would know they were there unless they were told, and, if taken into their quarters, you would see groups of quietly happy women, cooking, spinning, or making clothes, while they go in sets, by turns, into the schoolroom for a 'little schooling.' . . . . . The women are making progress in Scripture knowledge, and the heart of their teacher is much encouraged. It is delightful to hear them sing hymns; they have sweeter and truer voices than

Panjàbis have, and they seem also to enter into the meaning of the words, and to believe the truths of which they sing. We feel assured that God will bring them all to Himself. . . . Only *one* of the women has died, and she passed away in faith. She said, after she had simply accepted Christ, 'I must have been brought all this long way to hear this good news.' If we needed convincing of the vanity of forms and ceremonies, and the utter uselessness of teaching heathen the intricate views and the cumbersome ritual observances which may suit less simple minds, it is only necessary to watch the reception of plain Gospel truth by hungry souls such as these women and children—the manner in which it works its own way, and the marvellous change it effects in lives where it is received. Pray that these women may some day return to the Bhíl country, Spirit-filled Christians, to carry to their old friends the Gospel of salvation!"

And so in this one Home of Healing, the devoted workers minister to as many as 33,000 in the year, while upwards of 3,000 visits are paid to patients in their homes. Who can gauge the result of such widespread seed-sowing and individual dealing with sin-sick souls as these figures represent? Only that "Day" will "declare" it.

Turning from the parent to the daughter, we wend our way to St. Mary's Hospital, Tarn Taran, the largest offshoot of St. Catherine's.

Second among the sacred cities of the Sikhs, Tarn Taran has a population of 6,000, with over 300 villages surrounding it. Fourteen miles south of Amritsar, a small Dispensary was opened and worked from St. Catherine's as long ago as 1884; and it was regularly occupied in 1888. Now (1901) the Hospital is in the care of two qualified lady doctors. Over 400 in-patients are being received annually, and 12,000 attend the Hospital and Dispensaries for advice during the same period.

The story of the gradual growth of this Hospital is interesting, but we can only outline it here. An English nurse, Mrs. Reardon, whose name is still held in affectionate remembrance by the people, and a native lady at first took charge of the little Dispensary, and lived in a native house; but very soon it became necessary to build a small dwelling for the two workers outside the City, Mrs. Reardon supplying the money from private sources.

This house, intended for Indian ladies, was built in native style, its rooms surrounding and all opening into a central court, with only one door leading from the court to the compound, thus making it quite *pardah*.

In 1888, Miss Grimwood took charge of the Medical work; more workers were sent out, and assistant Missionaries came to reside in the house, which, consequently, had to be enlarged. The work, in fact, so quickly increased that a Hospital became an absolute necessity, and, in 1889, the Government stables were handed over, and were turned into a large ward, a good brick-built verandah being built all round. To this, as converts and workers came, houses were added, and also a school for healthy children of lepers.

Six years later, the ward was pulled down in order to build a more satisfactory structure on the old foundation, and the next year, 1897, Miss Vines, L.R.C.P. & S., Ed., took charge of the work, relinquished by Miss Grimwood on her marriage. More land was obtained; a new operating-room and house for converts and nurses were built. Four years later, Miss Gregg, L.R.C.P. & S. Ed., joined Dr. C. Vines, as fellow-worker. Now, in 1901, the patients are outgrowing the present building, and an entirely new Hospital is becoming a growing and pressing need.

St. Mary's, as it now exists, is a long, narrow

building. At one end of the ward are the Dispensary and consulting room, while the ward itself opens on one side into a yard, shared alike by patients, converts, nurses, and children—a very undesirable but unavoidable arrangement. The verandah opens into another yard, where the out-patients listen to the Bible-woman's address.

Miss K. Gregg, L.R.C.P. and S., Ed.

The ward, with its red brick floor, and whitewashed walls with brown dado, looks always clean and inviting. The name of each bed is above it, with the text chosen by its supporter. Above these hang large Scripture pictures. Over the central fireplace is painted the text, "Heal the sick that are therein, and say unto them that the Kingdom of God is come nigh unto you"; while over that at the end of the ward is inscribed, "The power of the Lord was present to heal them."

The bedsteads, twelve in number, are of iron, laced with the universal *nawar*, or broad country tape, which serves the purpose of mattress, and is easily removed, and so kept clean and sweet. Each patient, on her arrival, is given a *dhurri*, *i.e.*, country-made thick cotton mat, a sheet, pillow, pillow case, and blanket, with the addition in winter of a thick, cotton-wadded quilt, called a *resai*. Every bed is covered with a brightly-coloured patchwork quilt, made by

friends at home, which makes the ward look charmingly gay and interesting. For lying in the yard, light bamboo bedsteads are supplied. In the summer, the patients sleep out of doors, but in the winter, large fires have to be kept up all night.

The patients receive two proper meals in the day, consisting of vegetable curry, eaten with either bread or rice, the bread being four or five flat cakes made of flour. Three times besides in the day milk and light refreshments are given.

"When our patients enter the Hospital," says Dr. Vines, "they are each given an earthen vessel for drinking water. If the woman be a Hindu, she also receives a metal (brass and copper) plate and cup. These she cleans herself with earth and ashes—we never touch them, as it would 'defile' them! A Mahommedan woman gets a copper plate and cup well tinned (to prevent copper poisoning), the tinning being done regularly by an old man who comes for the purpose every month. Christians also use these copper vessels. To sweepers are given earthen pots which are broken when the woman leaves the Hospital.

"A special kitchen is reserved, in which a young man and his mother cook for our patients. They are of the Maira caste, a special Hindu cooking and water-giving caste. This young cook has the stores and firewood given out to him each day. We may never go into his kitchen, or else it would be defiled—no Christian, Mahommedan, or sweeper ever being allowed to set foot inside. The Hindus themselves walk freely in and out. I have never once been in that room! When the young fellow is taking the food round he holds it high up in the air, lest by chance any other than a Hindu should overshadow the food. As he arrives at the beds he throws the bread at the patients, being careful not to touch them. I thought this seemed very rude at first, until I found out the reason. This man also fetches water from the

well, for the Hindu patients, in iron vessels which we must be careful not to touch. Any vessel that we accidentally touch becomes *jutha*, *i.e.*, defiled, and has to be ceremonially cleansed—sometimes by being given to a horse to smell!

"The Hindus prefer to be apart from the other patients, but, if the beds are rather separated, they do not object to Mahommedans and Christians sharing the same ward, on the opposite side."

Malarial fever and consumption are very common complaints amongst the adult patients. Children suffer from measles, hooping cough, and mumps, and all complaints common to childhood in Great Britain, and also dysentery and pneumonia, which are very fatal.

The women are very anxious for chloroform to be administered to them, its fame having spread to quite remote places. "Cause me to smell the bottle" is a frequent request.

God has very signally blessed the work and testimony of His servants at St. Mary's. Women with sad histories of a past life, and widows with no ties to keep them back, have come out boldly for Christ, and have taken the step which has cut them off from their own people and placed them in the rank of Christian women. But it must be remembered—and the fact has a widespread application to other Stations and Hospitals—that the bulk of the patients, women with husbands and children, cannot come out and desert them to confess Christ outwardly. If they believe, they must do so secretly, and He Who accepted Naaman's worship in his far-off land doubtless accepts these hidden believers, and will Himself, sooner or later, make it possible for them to come forward for baptism. Such need our earnest prayers. If the men are won for God, the women can joyfully follow them in their confession. God hasten the time when women can be Christians in name and deed,

and yet continue their natural, simple, and free village life!

In her little book, *Through My Consulting Room*, Dr. Vines has graphically described scenes in the Tarn Taran Dispensary showing the varied classes, temperaments, and conditions of her out-patients.

Discouragements and encouragements, gratitude and ingratitude, follow one another, or come side by side to the patient workers. Two incidents will illustrate this.

A strange-looking woman—"more like a monkey than a human being," says the doctor—was carried into the Hospital one day. Her condition from neglect was too fearful to describe. She had fallen into a fire and was burnt all over, and her friends, in trying to do their best for her, had plastered the scarified body with burnt bread. For days she had lain in this untended poultice, and now was too weak even to raise herself.

Very special and constant was the care bestowed upon her, and she was progressing marvellously, when suddenly her son appeared, and insisted on taking her home as she was "no better." Yet she went out with him, walking, and looking a different being, although unwilling to acknowledge what had been done for her.

But such a case is by no means common, and the remaining incident is one that is repeated in effect again and again.

"We went into a village this morning," says the doctor, "and sat down in the chief man's house. The usual audience of women and children quickly appeared. Some were friendly, some were curious, and all were more or less noisy. It was hot and dusty, and the mud wall gave out a trying glare. Miss Hanbury began to sing a Mission *bhajan* (hymn), and a silence fell on the women. They liked the singing, they liked the words, and for a time they forgot to ask their numerous, tiresome questions. Suddenly someone came pushing her way through the crowd, and sat

down at our feet. She would be heard, she would interrupt, everything must stop till she had greeted us her friends, and told everyone that 'these were her mother and father.' She was full of gratitude; she had been to the Hospital, and had been cured. We could not remember her face, but she remembered us well. Then she settled down to listen, and oh! the difference. She showed an intelligent interest in all she heard and knew the Gospel story well, and was able to supply remarks of her own to the listening women. 'Don't be afraid to go with them,' she said, 'you remember what I was.'"

Majitha, an out-station of Amritsar, from the first warmly welcomed our Missionaries and the Bible woman, who was the first worker stationed there, and who won her way into the surrounding villages. On a visit with Miss A. Singh, in 1898, Miss Margaret Jackson found the people flocking to her daily, from early morning till it was quite dark, sometimes hardly allowing their visitors time to eat their meals, and entreating them to come oftener and to stay longer. Again in 1899, Miss Havard and Miss Tuting visited Majitha, and the appealing cry of the women was, "When will you open the Dispensary?" It was heart-breaking to the workers to see the great suffering among women and children around them and to be unable to give any prospect of relief.

Very shortly afterwards, however, through the kindness of local friends, touched by the greatness of the need, means were promised to carry on a Dispensary for one year, and others in the home-land responded also. In April, 1899, the Dispensary was opened, and women from as many as seventy outlying villages began to attend.

An Indian testimony to the value of this little Home of Healing is of great interest. Babu Peter, head-master of the Boys' Mission School at Majitha, wrote thus to an Urdu Indian paper :—

"In this town, whose inhabitants are about 8,000, there is a Government male Hospital in which there is an assistant of the first degree. Also the Civil Surgeon from Amritsar comes four or five times a year to superintend. But for women there was very great trouble; they did not like to speak of their sickness before the face of a man-doctor; on this account, very often their disease is greatly increased.

"At last God has had pity on this need, and stirred up the Mission ladies to open a Dispensary here, where His glory may be shown among the women also. Therefore Miss Wauton *Sahiba*, by her endeavours, obtained some land from the late Sirdar Dugal Singh, and built a house there for a Zenana lady, a lady doctor, and a Dispensary.

"In 1897, the Honourable Padri Clark *Sahib* came from Amritsar, with other European Missionaries, and with prayer and worship the house was consecrated. In the month of April, 1899, Miss Mulaim-ud-din *Sahiba* began the work of this Dispensary. She herself received instruction in Miss Hewlett *Sahiba's* school (*i.e.* Hospital) in Amritsar. By her own worth, sweet temper, and amiability she has made herself beloved in Majitha, and has become so famous that from far, very far, women come for treatment. Indeed on some days the number of patients amounts to nearly ninety. All the women run like locusts to the Zenana Dispensary. Miss Tuting *Sahiba* lives with the lady doctor. Before the medicine is distributed she gathers all the women together, and after singing hymns with the musical instrument (concertina), she recites something from the Gospel. Then the medicine is given. Later in the day she goes to the houses of the women, taking her concertina, and gives instruction from the Bible. It is a very difficult thing for a lady to leave the city and come to live in a town where there is no other European. This is exceeding self-denial."

A year after the Dispensary had been opened, the

number of old and new patients was not far short of 12,000, and in the autumn of 1900 Miss Tuting wrote :—

"We get hearty welcomes in those villages where women have been to the Dispensary, and many, when they come, beg us to visit them in their homes. They express very warm gratitude both in word and deed for relief given. Once we were invited to dinner in a Mahommedan house, to celebrate the recovery of a little granddaughter. We had to send our own servant to cook it according to our taste, and to provide our own knives and forks, &c. We ate the meal in solitary state, the ladies of the house not 'intruding' themselves on us till afterwards! We have evidence that the words spoken, and the help given, day by day, are not unfruitful. One woman, hearing the story of the Good Samaritan, went home, and began at once carefully to tend a friendless neighbour who was very ill."

Work in the Majitha Dispensary, as well as in every other branch of Medical Mission work, shows some of the dark side of human nature. More than once, women have come for medicine themselves and said nothing about the babies in their arms, who were in a terribly suffering condition, though, as a rule, mother-love is as strong in India as anywhere. One woman brought her daughter, a young girl, for treatment. She had a terrible broken abscess in the neck, one eye had been almost blinded by a kick from her sister-in-law, and her feet were covered with blisters from being made to walk long distances barefoot. When the mother found her in this state in her mother-in-law's house she wisely brought her away to her own home.

A fully-qualified medical worker is a growing necessity in this needy field. "Is there no one at home," says Miss Tuting, "who will fill the breach? Would that the poor sick women could plead their own

cause! For our words are too tame to express the greatness of their need."

At Baharwal Atari, a picturesque village about half-way between Lahore and Amritsar, in the Punjab, there is a peculiarly interesting Medical Mission, inasmuch as it was the first of the C.E.Z.M.S. Stations to be put under the care of an Indian worker, trained by the Society. After supplementing her Indian knowledge and training gained at St. Catherine's Hospital, Amritsar, by a two years' medical course in England, Miss

The Waiting Crowd in the Asrapur Dispensary.

Kheroth Bose (daughter of an Indian pleader, and an old Alexandra schoolgirl) is showing what a noble sphere of usefulness to her countrywomen may be filled by a daughter of India. And a widow, a Brahmin lady by birth, who first heard the Gospel in a Mission School, is now working as Bible-woman, and reads to the patients attending the Dispensary.

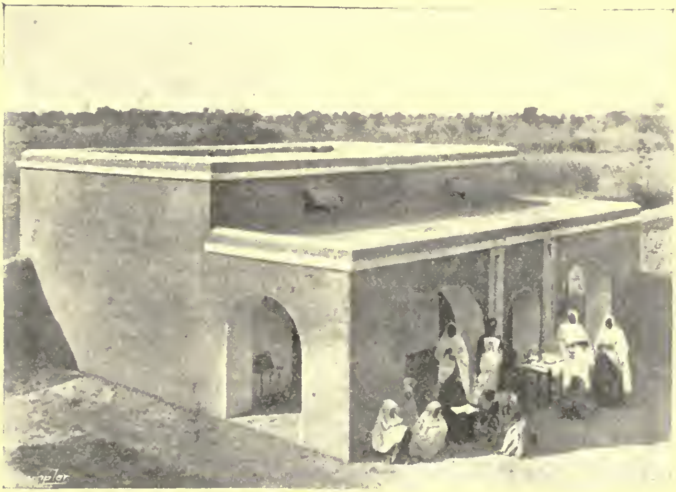
The Station was occupied by the C.E.Z.M.S. at the

invitation of the late Rev. H. E. Perkins, and when, in 1890, Miss Bose was appointed to Baharwal Atari, she began to expand the medical work which had been begun by Mrs. Perkins—in her bedroom for want of a better place. Asrapur Dispensary, the "Place of Hope," has grown into a roomy Hospital. During the famine of 1897 the people who came to beg were set to work on new Dispensary buildings, and most convenient consulting, operating, Dispensary, and waiting rooms, with a good compound on either side, were added to the original building, to the great comfort of the workers. Writing in 1900, Miss Bose, now assisted by two other Indian workers, says:—"Our Hospital has developed and grown so much now as to attract numbers of patients from the district around. It is almost too much for the present staff." The fourteen beds had been occupied by 232 in-patients during the year, and no fewer than 17,001 visits had been paid by out-patients. Some interesting incidents at Asrapur we have already given elsewhere.* It is a great thing for the patients to see something of the lives and homes of other Christians besides those who minister to them; and this they are able to do in the simple, homely life at Asrapur where all the Christians live in the same compound. Another interesting feature of this work is the help and sympathy given by many Indian ladies, friends of Miss Bose, some of whom undertake the support of two beds. Miss Bose's niece has become an honorary worker, and is rendering much service in nursing, dispensing, &c. A military surgeon at Amritsar, an earnest, Christian man is always ready to undertake difficult operations, and is truly interested in both the medical and spiritual aspects of the work.

Ajnala, a Punjabi village, where another Home of Healing now stands, has been vividly pictured to the readers of *India's Women*, by Miss Dewar:—

* *Our Suffering Sisters*, Chapter x. *Behind the Pardah*, p. 188.

"Twenty years ago, the traveller on his way to the village of Ajnala, passed along miles of dusty roads, bordered on either side by *shisham* and acacia trees. Near the village, on the left hand, could be seen a slightly rising ground. Being somewhat high, no water could lie on it, nothing grew there, and it was a mound of sand. Now, though the road is just the same, where the mound of sand used to be there is a



Emmanuel Hospital, Ajnala, Punjab.

bright, clean Christian Compound, large enough to be called a village. This is the Mission Station of Ajnala.

"To the right is the church and travellers' rest; to the left the Padre's house and a row of houses where live the Christian Pandit's family and other workers. Further on is the bungalow, and beyond it are the Zenana Compounds. In the first is the little village home or school for low-caste Christians: in the other are houses for the Hospital workers. A large,

airy Hospital bounds one end. The Dispensary comes last."

Miss Clay, the pioneer lady Missionary of the Punjab Village Mission, initiated the Medical work very many years ago. and in 1890, in order to meet the demand for treating critical cases which could not be properly cared for as out-patients, she founded the Emmanuel Hospital, holding twelve beds, and erected at a cost of Rs.3,000, contributed by friends of the work. The building consists of two wards, of which the larger is 44ft. by 16ft. ; a surgery, and five little houses for nurses and converts. These, together with storehouses and kitchen, two rooms for resident workers, the Dispensary (built some years before and largely attended), &c., surround a large, open courtyard, where the patients can have plenty of fresh air without the fear of being seen by a man.

Miss Hetherington, who was the first to take charge, wrote enthusiastically of "our beautiful new Hospital."

"It is not at all like St. Thomas' or any great London Hospital, but, as nearly as it is possible to make it, like the original Mildmay Hospital in Bethnal Green. The walls are hung with nine large R.T.S. coloured pictures."

Prayers were conducted twice a day, and the faithful Bible-woman, Rebecca, would explain one of the pictures or teach the patients each evening. The out-patients were seen between 12 and 5 p.m. in the cold weather, and from 7 to 9 a.m., and again from 4.30 to 9 p.m. in the hot months. Medical visits and Dispensary work at this time were being carried on by Miss Basu, a trained Indian worker from St. Catherine's.

Altogether, when the Hospital was opened, as many as 7,456 patients were being treated, either at the Ajnala and Jasterwal Dispensaries, in their own homes, or in the little Home of Healing itself—a large total for

twelve months!—and many testimonies to awakened spiritual interest began to be received.

The work has gone on in spite of many drawbacks, in the loss and transfer of workers, the need of a fully qualified doctor, and scanty funds. The Medical Report for the year 1900 shows that 183 in-patients were received, of whom 74 were cured and 57 were relieved, while no fewer than 11,000 out-patients and camp patients had been prescribed for, of whom upwards of 2,200 were new-comers.

Miss Basu tells the following interesting story of one of the women recently received:—

"About the end of last winter a Mahommedan woman of good position came to us. She had been a long-neglected wife, the husband having married another. Nearly all the winter she came regularly as an out-patient, always coming for every little complaint, and always staying as long as she could, never caring to come into the consulting-room in her turn. No one took much notice of this at the time, for all knew that she had not the same household duties to perform as the other women had, who were always trying to get in as fast as they could so as to go back to their homes quickly. Whenever she was not satisfied with the Bible-woman's teaching she would slip into the ward and ask the head nurse to tell her about salvation. The head nurse is a very true Christian and very anxious to save souls. None of them knew of this woman's intentions. Only a few days before leaving her home she let us know that she meant to come away. She was seriously told to count the cost before taking any steps. One midnight she managed to leave her village and get to the Hospital. That night accidently a door in the ward was not bolted, and it was that door she came to and pushed it open. In the morning she told us that all the way she was praying that she may find a quick entrance into the place.

"The nurses were very glad to receive her, but very

frightened as to what the Miss *Sahibas* would say at their carelessness, as a thief might have walked in. However, the next morning, being assured that God over-rules all for good, yet warned to be careful in future, they were not a little comforted.

"Her friends have given us some trouble, and now

Emmanuel Hospital, Ajnala.

and then we thought she might become unsteady and go back, but she remained steadfast, was prepared for baptism, and on Easter Sunday, 1900, received the holy rite."

Occasionally the simple Punjabi folk to whom their farmstock is so precious, do not hesitate to seek medical advice at the Mission Dispensary for their cattle.

"The name of one patient," says a Missionary-in-charge, "was not entered on our books, and, therefore, was not included in our statistics, viz., a baby buffalo! His anxious owner was made quite happy with a prescription paper, as well as the remedy, but she could not see why his name and address should not be written down."

Although so much relief has been given, we must emphasise, in passing, the urgent need that exists at this station, as at many others, for a fully-qualified doctor. Serious surgical cases have repeatedly to be sent away sadly and reluctantly by the workers in charge.

Miss Dixie, at the close of her first year in India started a little Dispensary for the women and children of Batala, a town with a population of about 30,000, the centre of a large and thickly-populated district in the Panjab. Medical Mission work was begun in a building rented from Sayyad Muhammad Ali Shah, vice president of the Municipal Committee. In these

The Star Hospital, Batala.

quarters the number of patients treated increased from 4,000 in 1889, to 14,000 in ten months of 1895.

In 1890 the workers wrote home, "It is almost impossible to keep pace with the amount of work forced upon us." The people generally were very grateful for the benefit they received at the Star Dispensary—so

called by the beloved A.L.O.E. Two years later 19,000 patients in all had received treatment. No wonder Miss Dixie should say, "With only one missionary and assistant* to carry on the medical work of a city of 27,000 inhabitants, and 200 surrounding villages, should one of the two be absent from any cause it is very hard for the one left alone. We need a Medical Missionary in Batala. We much need a small Hospital and Dispensary of our own in place of the very small building which we now rent."

This definite and pressing want was continually brought by the workers before God in prayer, and soon funds came in. The heathen and Mahommedan inhabitants of Batala became so anxious that there should be an established Medical Mission, that they themselves came forward to help. This, in fact, was the only hospital of the kind in a town of 27,000, and a district of 300,000 people. Lala Gauda Mal, a Hindu gentleman, and owner of the chief local iron foundry, spontaneously presented half of the large piece of ground, two acres, proposed as the site of the new Zenana Hospital, and the gentry, officials, and tradesmen of the town, headed by the Deputy Commissioner, collected amongst themselves enough money to buy the remaining half of the site. At a meeting in the Municipal Buildings a hearty testimony to the usefulness of the Hospital was borne by native speakers, and to quote from a leading Panjabi paper of that date. "The land is practically a gift from the citizens of Batala, in response to the benefits conferred on them by the Zenana Medical Mission."

The building was speedily started, under the careful supervision, first of the Rev. T. E. Coverdale, and then of the Rev. E. Corfield; and on the 16th of November, 1895, the opening of the new Dispensary took place, the corner-stone of which had been laid by

*Miss Singha who gave many years valuable and honorary assistance to the Missionary in charge.

Mrs. Wigram, in January, 1893. Archdeacon Spens, as representing the Bishop of Lahore, solemnly declared the Dispensary open in the Name of the Holy Trinity for the service of Christ's sick!

The building, which stands just within one of the city gates, is made of brick, *pakka* below, and *kachcha pakka* on the upper storey. It consists of a long narrow block with six rooms in a row. The lower ones form the out-patient department, operating room, and a large room that can be used as a ward; and the upper rooms are for the doctor, assistant, and two Indian helpers. A separate building in the compound, about twenty yards off, is called the A.L.O.E. Ward, because the money was collected as a Memorial to Miss Tucker; and here the in-patients are received. At present, only one of the two rooms into which it is divided is used. There are nine beds nearly always full.

English iron spring bedsteads are used; while mattresses stuffed with cotton wool, sheets, and blankets form the bedding. But the patients often prefer the native *charpaie*, made of bamboo and woven string, and some of these are placed in the verandah or in the open air.

Two nurses, one Christian and one Mahommedan, and two old women to act as "ward maids," are at present the staff which Dr. Maria Sharp (who, as an honorary Missionary, went out in 1897) has under her. The nurses are sensible and satisfactory in their duties.

The patients' ordinary diet consists of *chupatties*, *dál*, rice, and vegetables; their special diet, milk, sago, rice and, if Mahommedans, soup—refused, of course, by Hindus. Those who can afford it provide their own food: those who are too poor, are provided with it by the Hospital.

Although the general complaints are those most often dealt with, there have been many cases

peculiarly interesting to a surgeon. Not long ago, a girl of thirteen came in with a compound comminuted fracture of the elbow joint, and a great deal of bleeding. She had fallen from a tree. It was a somewhat anxious case, but the treatment resulted in securing to the patient a fairly good movement in the

Miss Maria Sharp, M.D. Brux., L.S.A.

joint. Another satisfactory recent case where a large papilloma growing on the skin, was removed successfully. "It was a very simple proceeding," says Dr. Sharp, "but the old woman was profuse in her expressions of gratitude. I never came into the ward without having blessings invoked on my head."

The women here, as elsewhere, as a rule, exhibit great fear of operations and refuse them however simple, and even if they extend no further than hot fomentation. One morning, a patient presented her-

self with an abscess that required incision, but as she was evidently terribly frightened, the doctor decided merely to put on a hot fomentation and gain her confidence first. But while the application was being made, the poor woman implored the "operator" to let her go; and when a safety-pin was about to be fixed, her terror reached its climax, and she cried, "Take my earring, spare my life, and let me go!" Needless to say, she never came again to the Dispensary! Yet there are some who are exceedingly brave in bearing pain.

The patients in the Star Dispensary, as we have noticed in other Mission Hospitals, are surprised beyond measure at the sanitary regulations, and it is only after a time that they grow accustomed to them and fully appreciate them.

The power and efficacy of the Christians' prayers strikes them greatly and attracts them to the worship of a living God, Who, unlike their idols, whom they have sought in vain, hears and answers their cry. After a time, they do not like to take their food until grace has been said.

The doctor's day begins early. She goes her round of the Hospital, takes the nurses' report, and prescribes for the in-patients. Then comes the out-patient work and minor operations, major operations being put off, if possible, until Saturday. In the afternoon she again goes round the Hospital; takes notes of new cases: teaches the nurses (twice a week); reads up cases; fills in the many statistics which Government requires when a grant is given; studies the language, speaks to the in-patients, and takes some out-of-door exercise. On Sunday, the doctor gives her assistants a special Bible lesson, and a service with hymn-singing is held for the patients.

And so, amid many tokens of spiritual blessing, this small Home of Healing stands—the only properly equipped women's Hospital in the great district of

Gurdaspur with its million inhabitants, half of whom are women and girls. May God's blessing ever be upon it, making it a potent agency for the healing of countless souls and bodies!

Jandiala is a small town, eleven miles from Amritsar, famous for its Sikh Guru's temple. It looks a fine city from the high road. Tall, graceful temples stand out white against the cloudless blue sky, and large *pakka* buildings with turrets and balconies cluster round them. But these striking features are lost upon the traveller as he passes along the narrow streets where two can hardly walk abreast.

As long ago as 1883 something on Medical Mission lines was attempted by our Missionary, Miss Parslee, at Jandiala. First the "drawing-room" and then a "dressing room" of the Mission House was requisitioned as a Dispensary, the latter having a small verandah in which the patients could sit.

"We were very poor," writes one of the early workers, "and could not afford to have proper shelves made, so we broke up the boxes that came out with Christmas presents from the Manor House, and nailed them up instead. We used to make all our own tinctures, ointments, pills, &c. About twenty patients came daily. If any were very ill, we would put them into a room in the compound which just held two bedsteads."

From such a small beginning a great work has grown. In 1893 funds came in for the building of a small Hospital, in the erection of which the late Rev. H. Francis Wright took the keenest interest by advancing funds, and giving most valuable help by personally superintending the workmen. The foundation stone was laid by Miss Clay in May, 1893, but the building was not completed till some months after our kind friend, Mr. Wright, had been called Home. The little Hospital, appropriately named "The Henry Francis Wright Memorial," was opened by

Miss Wright on December 18th, 1894, amid much thanksgiving and prayer.

The Jandiala Hospital is a detached, isolated building, situated in a corner of the Mission compound, within easy reach of the people, but far away from the unwholesome air of the city. It is a one-storeyed building, arranged in blocks around a courtyard. The main building is *pakka, i.e.*, built of properly made bricks and mortar. The remainder is *kachcha pakha, i.e.*, the outer bricks are good, while the inner ones are of an inferior quality, and sand is used instead of mortar.

The Hospital proper consists of a ward for in-patients, an operating room, a Dispensary for out-patients, and a matron's room. It is so constructed that two rooms, with their verandahs, run at right angles to the other two, in order that the freest air and the greatest light may be obtained. Another set of buildings on the other side of the courtyard consists of the nurses' room, a maternity ward, store rooms, &c. The kitchen is a detached building standing on a third side of the courtyard.

The general ward is an oblong room, supposed to contain only ten beds, but often obliged to admit more. The lime-washed walls look bright with pictures, texts, and framed ornamental cards over the beds containing the names of the supporters. The furniture is reduced to a minimum, consisting of only a bedstead and medicine shelf for each patient, a few low stools, and two or three mats. The bedstead is a wooden frame, across which broad *nawar* (tape) is plaited. Mattresses are discarded, and in their place are spread *dhurris, i.e.*, small cotton floor-cloths or carpets. Sheets, blankets, and pillows are used, while bright-coloured patchwork "text" quilts make beds and ward look gay and inviting.

A patient's ordinary diet is as follows:— For *chhota haziri, i.e.*, small breakfast, a *roti* and a cup of milk. A

roti is a large pancake about the size of a plate, made of wheaten flour. For *haziri*, *i.e.*, breakfast, two *rotis* and *dál*, or vegetable curry. For *khana*, *i.e.*, dinner, rice and curry.

No difficulties have arisen through having different castes in the Hospital. Care is taken to ensure that the Hindus have separate drinking vessels, and to see that none but Hindus touch the food vessels. Their food is ordered from a Hindu servant, who has it cooked in his own house and brought to them by one of his female relatives.

Prayers are taken twice a day in the ward. Miss Lacey, an assistant surgeon from the Madras University, is in charge, and it will be seen that her hands are full when 170 patients are received into the Hospital in the year, while about 9,000 out-patients attend the two Dispensaries, and ninety are seen in their homes. Some cases especially interesting from a medical point of view that have been successfully treated in this little Home of Healing are the following :—

A girl, about twenty years of age, with curvature of the spine, bent double, is now able to walk and to resume her household duties. Another case was that of complete tetanus; the whole of the muscles of the trunk, abdomen, and chest were perfectly rigid, jaws firmly fixed, with teeth only about an eighth of an inch apart, and suffering excessive pain. A case of hysteria, in which, whenever the patient lay down, she would become rigid and unconscious, and would not respond to any kind of stimulation until put in a sitting posture: and another of hysterical aphonia—"a fasting girl"—who lay with clenched teeth, refusing for days to talk or eat.

A very recent case was that of a child with tubal nephritis. There was complete anasarca. The face was moon-shaped, and so large as to present the appearance of goitre. Her limbs were shapeless. She was getting on well; the swellings of face and neck

were disappearing, and the limbs were becoming shapely, when, alas! the mother's patience failed, and she removed the child from the Hospital. She failed in even her promise of returning for a supply of medicine!

Some of the patients have sad stories. Some are mere children, under eighteen, but have been married for four or five years.

One such girl was brought in not long ago on a *manji*, *i.e.*, native bedstead, in a wretched condition. She could not walk upright, and was only just able to crawl. Her muscles were wasted, her legs were paralysed, and she was subject to epileptiform convulsions. Her father said that her mother-in-law had ill-treated and starved her, and then, finding she was unfit for work, had sent her back to him. The old man wept when relating the woes of his daughter, and said his wife was dead. The girl needed care and nursing, and there was no one to give it to her unless she were taken into the Hospital.

Skill and kindness were soon repaid by partial recovery, and the poor sufferer, to her intense delight, was able to move slowly about on crutches. Her gratitude and that of her old father were touching to witness, and it was not surprising that when the surgeon could assure her patient that she was strong enough to leave the Hospital, the girl burst into tears, and entreated that she might stay.

In May, 1900, Miss Lacey wrote:— "We have a Mahommedan convert as matron in the Hospital. She takes great delight in telling the story of her conversion and in witnessing for Jesus to the women who come to the Dispensary."

The Dispensary belonging to the Hospital opens at 9.30 a.m. in the winter, and 7 a.m., or even earlier, in the hot weather. The patients are taught in the verandah by the Hospital matron or a Bible-woman,

This teaching, accompanied by *bhajan*-singing, and made attractive by the use of large Scripture pictures, is necessarily very simple, but it appeals to the heart.

If we are surprised that no baptisms have, as yet, taken place through the Hospital, it is because we do not realize how extremely difficult it is for converts to come out from heathenism. If they are baptized, they must leave their homes, and if they are married, the act of baptism makes the marriage null and void, and consequently they are thrown, helpless and destitute, upon their Missionary friends for support. Yet there are many tokens of definite blessing. In *Behind the Pardah* we have told of one, Mai Lachmi, who, all her life, had been seeking God, and who found spiritual and physical healing at the little Dispensary then in charge of a valued Indian medical worker, Mrs. Pathinkar.

It is a motley group of women and children that assembles, day by day, in the courtyard; and it is amusing to hear old patients singing the praises of a favourite drug to the new ones, and telling them to ask the Miss *Sahiba* to give it to them, no matter if the complaints be as wide apart as the poles in character! Sometimes it is not easy to keep order, especially in the village Dispensary at Kot-Khairan. If one woman sees another going off with two or three packets, she rushes up to the table and wants to know why the other one should be more favoured than she!

There is often a very sincere thirsting for God's Word manifested, and frequently comes the request, during the waiting time, that more *bhajans* should be sung to them.

Visiting in the homes far distant from the Dispensary, but whither its fame has spread, is sometimes fraught with peculiar pathos and with signal blessing. Some time ago an old Hindu village woman lay at the point of death. Bending tenderly over her, the Missionary tried to catch her almost incoherent words. The poor old woman grasped the gentle, white hand in

both of hers and murmured, "Jesus put kindness in your heart, and so you came to see me." The Miss *Sahiba* sang and talked for the last time to her of Jesus and His love, and occasionally the feeble voice gasped out that precious Name, on whom the weary soul was learning to cast its burden of sin, and so passed from earth to Heaven.

The Mission Station of Narowal will ever be connected with the fragrant memory of a devoted C.E.Z. worker now "at home with the Lord," Miss Catchpool. Though never directly connected with the medical work, she always took a keen interest in it and helped it forward by all the means in her power, superintending the building of the present Dispensary and Hospital herself.

Medical work at Narowal began almost simultaneously with the establishment of the Mission Station, but in a very small way; Miss Reuther, the Missionary-in-charge, at first receiving patients for consultation on the verandah of the Mission House. Then a Sikh, who became a Christian, when dying bequeathed to Miss Catchpool a small native house in the town, and there Miss Reuther opened her Dispensary. This tiny dwelling, comprising only three or four small rooms, was exceedingly roughly built, but in a good situation for gaining the confidence of timid Mahommedans and Hindus, and thither patients came in crowds. Occasionally a patient would be received and nursed in one of the small rooms. But the little building proved insanitary and malarial, and in 1893 the workers were thankful to move into well-planned and airy premises. The new Dispensary, or, as it may now be called, Hospital, contained seven rooms, including an out-patients' large waiting room, and had a wide compound or yard.

The Hospital itself was not built originally for that object, but was a building erected by Miss Catchpool for her summer Station Class, with one large room for

sick Christian women. It is built of sun-dried bricks, plastered with mud, and cost only Rs.500! There is one large ward with four small ones, holding altogether fourteen beds. Sometimes, however, on those great occasions when the C.M.S. doctor from Amritsar comes to perform major operations, as many as twenty patients have been accommodated.

These rooms stand in a courtyard of their own, quite separate from the Dispensary courtyard, which contains the operating, consulting, drug store rooms, and Dispensary, as well as the out-patients' waiting room, and three others rooms for the dispenser and other helpers.

The Hospital wards, with their clean, red-brick floors, are bright with whitewash, and decorated with beautiful Gurmukhi and Hindustani texts (from the Daybreak Workers' Painting Union), as well as adorned with pictures sent out in the Manor House boxes.

The bedsteads are the native wooden, *nawar*-strung *charpaies*—the *nawar* being the product of Miss Jackson's Widows' Industrial Class in Amritsar. The bedding consists of a *dhurri*, or cotton rug, pillows and pillow-cases, a sheet, and one or more blankets, according to the time of year.

Even when strictly ordered to do so, Punjabi patients find it very difficult to stay in bed. They dislike it immensely, and much prefer to sit in the verandah in the winter sun, although in the hot weather they are glad enough of the comparatively cool shade of the ward. It is not exactly easy to nurse such people in English style, for they much prefer to follow their own ideas!

Miss Reuther, the Missionary-in-charge, has a fully-trained medical worker, Miss Ruth Verana, and also a trained nurse, Miss Annie Sher Singh, under her, both from the Ludhiana School of Medicine. They are true Christians, and are very fond of their work. Mrs.

Maidment, an African, educated in Bombay, has been from the beginning of the work a valued helper as matron and dispenser; "Ulfat," dresser, and "Bholi," Bible-woman, and a low-caste woman as helper, complete the present staff, soon to be enlarged, it is hoped, by the addition of a much-needed night nurse.

The patients' ordinary diet is very simple. Milk, *chupattis*, *dál* (a kind of pulse), rice and curry. Meat is allowed three times a week, and vegetables are given three times also.

All forms of malarial and skin diseases are most common; ophthalmia, too, brings numbers to the little Hospital.

"Whole villages," says Miss Reuther's co-worker, Miss Rainsford, "are often down with infectious skin complaints, but any direction to boil infected clothing, and to take sulphur baths, are quite useless, nor do the people see any sense in segregation for small-pox or cholera."

The patients, on being brought into the Hospital, are greatly struck with three things—1. The absolute truthfulness of those who prescribe for and tend them; 2. The real love and interest exhibited towards them; and 3. That prayers are offered to God in Punjabi; whereas the Mahommedans pray in Arabic, the language of their Qurán, and have no idea of the meaning of what they say.

Sunday differs from an ordinary day, as in other Mission Hospitals. The out-patient department is closed, and in the afternoon a Bible class is held for the patients, who are then taught some of the Hundred Texts translated into Punjabi by Miss Wauton, of Amritsar.

Punjabis, Sikhs, Hindus, Sweepers, Pathans, Rajputs, and even Kashmiris, become in-patients at Narowal, and as many as seventy-one were received within the Hospital walls in 1900, while 14,600 were treated through the Dispensary.

Like most of our Hospitals, its staff is too small to be able to keep in touch with old patients, when they return to their village homes. But during the spring and autumn itinerations, the workers come across old patients, and, in such villages, the Missionaries and their Message are always welcome.

Several visitors of note have borne their testimony to the value of the little Hospital at Narowal. The Deputy-Commissioner, in 1891, remarked, "The Dispensary is a blessing to the town and to the surrounding villages. The District Board and the Municipal Commissioners of Narowal have increased their grants in aid of this Dispensary from April 1st, 1891, in recognition of the good work being done here." And on a subsequent visit in the same year, he wrote in the Visitors' Book, "The new Hospital is an excellent building, so situated that women can come to it with comfort. The work is progressing splendidly." And again in 1893, "The ladies have won the love and respect of all the people round by their self-denying work."

Sir W. Mackworth Young at this time recorded his impressions:— "Everything is in beautiful order. The popularity of the Institution is increasing, as might be expected, in proportion to the regard which the people have for the ladies who are their friends, and for the benefits they receive."

Although at present there have been few baptisms, there has been much encouragement in the spiritual side of the work, and some definite conversions. A young Mahommedan girl patient, who was suffering from remittent fever, had been a pupil in the Kotli girls' school, and in her conscious moments would repeat much of what she had learned there. She showed much gratitude and real affection, and on returning home, cured, she began to teach in her old school.

In August, 1899, the Hospital *mihtrani* (sweeper) was baptized, as also Kaum Bibi, in her bed. This

poor patient, some four years previously, came to Miss Reuther, creeping from her village, six miles away. She was married, but never went to her husband's house, owing to paralysis of the legs, and she was unkindly treated on account of her affliction. She had

Maukar Medical Mission Tent.

often begged for baptism, but, being of weak intellect, and learning with great difficulty, it was hard to know if her heart were touched. But for several years she remained in the Hospital as cook, and always testified to the Master Whom she served, repeating hymns and texts to the patients at night; witnessing so clearly indeed for Christ that some Mahommedans refused to stay in the Hospital because they could see that the cook was a Christian.

CHAPTER VIII

THE KEY IN THE LOCK
or
Hospitals and Dispensaries in the Punjab and Sindh—II.

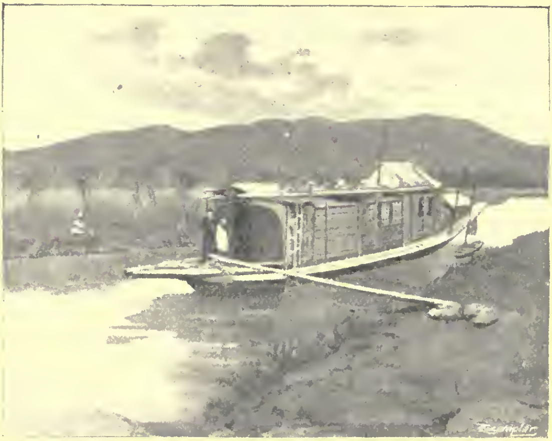
"Ask God to give thee skill
In comfort's art,
That thou mayest consecrated be
And set apart
Unto a life of sympathy;
For heavy is the weight of ill
In every heart,
And comforters are needed much
Of Christ-like touch."
A. E. Hamilton.

"IF we saw no spiritual results, if we saw no doors opened by means of Medical Missions, it would still be the bounden duty of Christian people to do what they can with this Western Science which God has given to alleviate misery, wretchedness, pain, and disease, wherever it may be found." These words, spoken by the Right Rev. Bishop Hoare, of Hong Kong, will find an echo in every right-thinking person's heart.

But how doubly responsible do we become as we recognize that the Christian Missionary doctor holds in his or her hand the key that fits exactly the lock of the most stubborn, bigoted heart? How

culpable we are if, through selfish ease or indifference, we fail in our sacred duty.

We have seen in the previous chapter how fast-closed doors in the Punjab have swung open at the



On the River Jhelum, Kashmir.

touch of this golden key; and how sore hearts have responded to the Christian comforters who came to heal their suffering bodies. Now let us look at some Homes of Healing in Sindh, whose floors are surely consecrated by the tread of the Great Physician's footsteps.

The Duchess of Connaught Hospital is one to which peculiar interest attaches. Standing in the heart of that fanatical and very oriental city of over 80,000 souls, Peshawar, it represents a veritable fortress for the Lord of Hosts. Peshawar, because of its situation on the north-western frontier of India, is a thoroughfare for caravans, and consequently all nationalities of Central Asia jostle one another, bartering and trading in its busy, narrow streets. The

secluded women of Peshawar, concealed within large, old houses, of whose existence the tourist might be utterly unaware, since they are hidden in the heart of the city, are in sore need, when illness enters their homes—if such they can be called. In 1884, one small Dispensary was opened by our workers ; but it took some time for prejudice to die down, and for fear to be allayed. A medical *woman* was an undreamt-of boon. But gradually and surely their confidence was gained. At the end of the first year, 100 cases of illness treated in the houses and Dispensary were recorded ; but in five years' time, 4,296 patients were noted on the register.

At this time, about ten to one of the patients were Afghans from the district or beyond the frontier ; but the news of a Medical Mission had penetrated into the far distant hills, and people from the wild, mountainous countries trudged down for miles to visit the ladies. Afridi women from the Khyber Pass in ragged petticoats were smile-provoking in their quaint costumes. Always in one fashion, these are invariably dressed in a coarse, dark blue material, sometimes striped with red. The bodice of the dress is a yoke to which several yards of cloth are tightly gathered, and this heavy, uncomfortable garment reaches to the ankles, and would certainly be, to European ideas to say the least, unfitted for hill climbing or athletic exercise! They never change their clothes, not even in the hottest weather, nor do they buy new material. It is said that on their wedding day they receive a garment, and this is patched and patched as time goes on, but never laid aside. They wear thick straw sandals, and a piece of dark blue cloth about four yards long, with variegated border, which is sometimes worn as a *chaddar*, sometimes carried as a bundle on the top of the head.

After a time, a very notable breaking-down of prejudice took place. The women began to lose faith

in their *hákíms*, and would say, "They only want our money—they do not care what happens to us." It was far more difficult to overcome their superstitious belief in the efficacy of the *faqirs*' intercessions and charms. In one instance, the *faqir* himself was convinced of the benefit of European treatment, and told a poor woman who had been ill for four years to leave Terah, a country beyond the frontier, and to visit us.

He said, "I will pray for you, but go to them and they will cure you." He probably received a fee for his prayers, while the Missionaries cured the case gratuitously!

The little Hospital, opened in 1886, and which was in reality only a few adapted store-rooms, was merely an experiment to see if anything so new, so Christian, would be tolerated in such a bigoted place. Several inmates during the first year left from fright at the rumour that all who lay in English beds with English clothing must perforce become Christians! One patient became so alarmed that within a few hours of her admission she jumped from her bed and tried to escape into the city in her nightdress! But from the beginning the success of the Hospital was assured. The number of beds soon had to be doubled, and new rooms had to be built. In 1888 Her Royal Highness the Duchess of Connaught, who had visited the Medical Mission at its inception, and who had graciously consented to become Patroness of it, gave permission that the Hospital should be called by her name. Early in 1890 a site was chosen for erecting a permanent, more suitable, and larger building, to accommodate the rapidly growing work. The spot chosen was a large square at the back of the Gurkhatri, surrounded by small grain-merchants' shops, and which, much to the discomfort of the Missionaries, appeared to be the *rendezvous* of all the stray pariah dogs of the neighbourhood. Often,

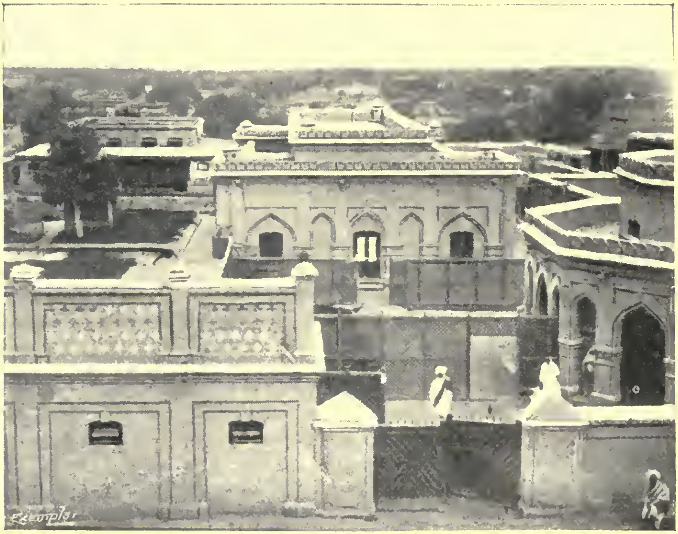
too, the square was packed with camels, and then the noise and odour became unbearable.

The foundation-stone of the new Hospital was laid in April, 1894, by Mrs. (now Lady) Udney, wife of the Commissioner of Peshawar, in the presence of a large number of natives and Europeans, and at the ceremony addresses were given, carefully explaining the spiritual as well as temporal aims of the institution.

The building was reared slowly; the inevitable dilatoriness of the Indian workmen having to be firmly dealt with, and patiently overcome by Miss Werthmüller, then in charge; and on October 28th, 1895, the opening service took place. Miss E. L. Mitcheson, who had before superintended the Medical Mission, had just returned from England, whither she had gone in order to gain a full medical diploma, so indispensable to the needs of the work. The building, the outcome of much prayer, was solemnly dedicated to God, and thrown open to the suffering women of Peshawar. Yet the Enemy of Souls had been successful in rousing the populace to a bitter feeling of antagonism. The leading Hindus and Mahommedans ignored the invitations to the opening ceremony; and one of them wrote a manifesto which was industriously distributed at the door of the Hospital whilst the service was proceeding. That portion of the city immediately surrounding the Hospital is inhabited almost entirely by people of the lower class; but within a short radius are many streets filled with residences of wealthy Persian and Afghan families. Exactly opposite the Hospital entrance is the Gurkhatri Square, in which stands the C.E.Z.M.S. ladies' house, a Government guest-house, &c., &c.

The Hospital is built in four blocks, including the nurses' quarters, the enclosed grounds forming an irregular quadrangle. The front wall runs parallel with the main road. and in the centre of it is the large entrance gateway, guarded night and day by a

watchman. That part of the wall to the right of the gate is broken by a small tumble-down Mahommedan mosque and well, which, when the Hospital site was purchased, had fallen in disuse. An endeavour to



The Duchess of Connaught Hospital, Peshawar.

purchase it met, not only with a refusal, but the waning energy of the priest suddenly revived, and the cal to prayer have been loud and regular ever since.

As the front gate is entered, to the right is the Dispensary block containing six rooms. The Dispensary itself is a large, airy room with plenty of convenient shelves and cupboards, with glass doors. One special feature is the large, cleverly constructed table (designed by Miss Werthmüller), containing drawers, cupboards, and sliding shelves—the admiration of all "medicals" who have seen it. Water is laid on here as throughout these model Medical Mission premises.

A door leads from the Dispensary into the consulting room, where one of the doctors sits each morning treating out-patients gathered in the verandah, and where the Gospel invitation is proclaimed to them in one of the many tongues spoken—Persian, Urdu, Pashtu, or Panjabi, according to the nationality of the hearers. Often these addresses have to be given in succession in as many languages.

The Dispensary door is opened at 9 a.m. in the cold season, and about 6 a.m. in the hot months, and is closed three hours afterwards. The Dispensary nurse is in attendance all the morning, but all the nurses in turn have to learn something of Dispensary work.

About 2,500 new cases are treated here each year, and at least 3,500 old patients' names are at the same time on the books. For the first four months of 1901, 3,243 visits of old and new patients had been made.

Here it may be noted in passing as an instance of the way in which the various branches of C.E.Z. work interweave, that one nurse was trained at St. Catherine's Hospital, Amritsar, and another by Miss Reuther, at Narowal.

Leading out from the consulting room is an examination room for gynæcological cases, where also minor operations, dressings, &c., are performed. Doors open also into the verandah for the entrance and exit of patients, and into the ophthalmic "dark room"—a portion of a room screened off being thus termed in compliment. The surgical dressing-room, with its necessary large boiler, *Hamâm*, containing hot water, is another annexe of the consulting room, and this completes the block. Every floor, as in the Hospital, is of slate, which is daily cleaned.

On either side of the entrance gateway small rooms, used for a variety of purposes, are built. Two of these are the watchman's room and a waiting room, in which patients who are well enough may have

interviews with their relatives, and which is sometimes used as a room to which a dying patient may be removed, so that men relatives may visit her. A pretty trellis work shuts off the nurses' room from the entrance, and also from the Hospital grounds. They have a wide verandah to keep them cool, but are far too small to contain two people in each as at present. Plans have been drawn up to build much-needed new quarters, while the old rooms will be used as isolation wards: very necessary adjuncts to every hospital, as all experts will agree.

Turning now to the Hospital proper, we notice there are seven wards, four of which are small, for private cases. There are, altogether, thirty-seven beds and two cots for children.

The first ward that we enter, the large, general ward, is named "Barwise," in memory of the late Mrs. Barwise. It is rendered cool on the hottest day by wide verandahs, which run almost the whole length of the building, and connect four smaller, two-bedded rooms at the corners. The central ward boasts of twenty-one beds, and very bright and clean they look, with their navy blue and scarlet bordered quilts, lined with white. Linings have been perforce adopted in place of upper sheets, since the patients would insist upon taking the sheets off and winding them in *chaddar* fashion round their heads! Although there are no mattresses, the iron bedsteads are rendered very elastic and comfortable by a double broad cotton braid, *nawar* (a native-made webbing), and a thick rug placed upon it. A mackintosh sheet, covered by an ordinary sheet, completes the bed: while over blankets are used instead of the less satisfactory *resai*, or cotton wool quilt, as used by the natives.

The four small wards are kept for special cases, such as pneumonia, cataracts, or, sometimes, for Hindus who object to be in the same ward with Mohammedans. All the beds but one in these

wards are supported by special friends or groups of friends.

The "Laurence" Maternity Ward is in a separate block on the left of the "Barwise," and it is interesting to learn that this ward was built by the sons and daughters of Sir George Laurence, in memory of their mother. As one realizes the enormous boon and blessing, temporal and spiritual, conferred on hundreds by this beautiful memorial, one marvels that so much is spent by Christian mourners on costly blocks of marble and granite to mark the spot where only what is mortal of their loved ones lies, and that so little is spent instead in raising monuments that will live through eternity.

The Barwise and Laurence beautiful example was again repeated in the case of a smaller In Memoriam —the "Clare" Ward, which is used for a variety of purposes. On one notable occasion a whole Hindu family, exclusive of the men, of good position, occupied it, undertaking to do their own cooking. The daughter had lost her first baby-boy, through the maltreatment of a native *daie*, and on the next occasion she, her mother, sister, and two servants came in a fortnight beforehand.

Space fails us to describe the operating room, and the Laparotomy ward, with their purposely rounded-off corners, walls smoothed with Portland cement, and painted with petrifying fluid, and their basin slabs of Nowshera marble so as to ensure the best aseptic conditions for the serious cases dealt with in them. We can only notice with admiration in passing the large, tin-lined case, a receptacle for the patients' clothing, after the preliminary bath on admission. Peep in—if you care to do so!—and you will see bundles of quaint and fearsome-looking costumes, tied up and carefully labelled, awaiting their owners' happy egress from hospital. It is easy to believe that the patients are hardly recognizable after they have had a

bath and have exchanged their own dirty garments for the pretty Hospital *kurtas* and *pyjamas*, and nice, white *chaddars*.

We have not time to visit the cool, dark, underground drug-store, nor to watch the cook preparing the daily food; but it will be interesting to find out the patients' ordinary diet. It is good, but simple, native food. Meat, cooked with vegetables, is given once a day, and, in addition, a bowl of bread and milk twice a day. The bread is the *chupatti*—a flat cake made of flour, and *dál*, a kind of pulse resembling lentils in flavour, which is both nourishing and easily digested, is given also every day. Milk has to be given with discretion, since the people are so little accustomed to such a luxury; and it must be remembered that the above *menu* is allowed only to those cases where special diet is not required.

Nearly all the nurses in this Hospital have been trained by the Hospital workers themselves; the chief native Christian assistant is most reliable, and, indeed, all the helpers are those who have responded well to the teaching and training. Of the value of Indian fellow workers we have spoken elsewhere.

Our workers in this model Hospital have had many cases, in their practice, extremely interesting from the doctor's point of view, but generally of a character that cannot be described in these pages; yet it is just cases of this kind that point to the urgent need of medical ladies.

Two or three of the operations treated successfully deserve a brief mention. Quite recently, a child of six with double infantile cataract was brought to Dr. Mitcheson for treatment. She had never seen at all, but after the first operation on each eye, her sight was partially restored, and when the secondary operation was performed, she could see perfectly well.

Shortly after this little one's restoration, a Hindu baby girl, with fracture of two bones of the right leg,

was brought for treatment. The grandfather, a wealthy Hindu, was strongly advised to leave her in the Hospital, but firmly refused. Just at this moment a poor Mahommedan passed by the entrance, and, on hearing the discussion, approached unasked and said, " Leave your child with them ; they are good people and will cure her. My little girl was born blind, and now she can see." This testimony had the

The Duchess of Connaught Hospital Staff, Peshawar.

desired effect, and the baby was left, soon to recover by God's blessing on skilful treatment.

Another patient cured by operation was the wife of a Kamber Khal chief, for six years unable to walk from contraction of the tendons in the leg. This case was peculiarly interesting, as the chief was one of those who, by Government order, had come down to be interviewed by Sir William Lockhart and Sir Frederick Cunningham. They were told to send in their stipulations, and the last of these was to the effect that their women and Mahommedan women in general might

not be sent, or allowed to go, to the Mission Hospital, Peshawar !*

Another interesting case, from a surgical point of view, was that of a poor woman from Dir, beyond the frontier, whose nose had been cut off by one of the chiefs, whom she had offended by running away from his Zenana.

Miss Charlotte Wheeler, L.S.A., L.R.C.P. & S., Ed., M.D., Brux.

Another poor woman, the instigator of her flight and who fled with her, suffered yet more, for her upper lip was cut away with the nose! The cruelty of these people is beyond description.

"The new nose, made from the tissue of the forehead, proved quite a success, we are thankful to say," says Dr. Eleanor Mitcheson, "as this was my first operation of the kind."

Accidental injuries are frequently brought to the Hospital, and God has been pleased to work, through His handmaidens, some really remarkable cures. A poor woman, tossed by a bull, came in with fearfully torn lips, and other worse injuries, unable to eat or drink except in a recumbent position, and suffering untold misery. In her case complete recovery took place under the skilful surgical treatment received.

As a rule, the patients submit very readily to operations, and shew considerable courage and endurance under pain. Dr. Charlotte Wheeler, who during Dr. Mitcheson's absence, in 1892, took charge of the Hospital, wrote to friends at home as follows :— "I wish I could bring before all those who read this our

*The reply given was, "They are not sent ; they may please themselves."

Afghan women in their daily life in the Hospital—their childlike, affectionate, grateful natures, their dread of pain coupled with wonderful fortitude when they have actually to bear it, their sunny dispositions, and their thorough enjoyment of a hearty laugh. It may be breaking through all the traditions of Dr. Blue Pill to say so, but a laugh often does more good than a dose of medicine! In our Hospital we combine the two, and doctor, nurse, and patients have many a merry time together, thus breaking down the high walls of racial instinct which might otherwise prove a hindrance in winning the hearts of these women."

The care and gentleness bestowed, and the skill with which suffering is relieved, create a great impression on them. An exclamation often heard is, "Even our own mothers would not do so and so." The Afghans and Mahommedans in general will evince their gratitude months afterwards by bringing gifts of eggs to the doctors, and the Hindus, not to be outdone, bring baskets of fruit or sweetmeats. The eggs are forthwith given to the Matron for Hospital use, while the Hindu offerings are distributed among the nurses, who greatly appreciate them.

And what of the spiritual results? What are the signs following the Word spoken? Of course, there are endless opportunities of telling the patients of Christ, and God has richly blessed the work among the suffering women of Peshawar and the trans-border tribes. Incident after incident might be related to show that the twofold healing—the high aim of this true *Mission* Hospital—has been attained, but one or two must suffice.

The patients stay for very varying periods of time; some remaining month after month, for it must be remembered that a Mission Hospital differs from a general one, since the soul, as well as the body, is cared for. When a patient wishes to stay, if possible, she is allowed to remain much longer than if mere bodily

healing were considered Often the women and girls will declare they want to live altogether and always in the Hospital, and will even invent excuses for extension of treatment! One pathetic incident of attachment to the Christian Hospital is worth recording.

An occupant of the "Montreux" bed, far advanced in consumption, was advised to return to her home as incurable, and did so. But one morning, not long after, a poor woman crawled into the consulting room, and there, through sheer weakness, sank upon the floor, saying, "I have come here to die—take me in." It was the old patient come back again! She was tenderly taken up and carried to her bed. It was soon apparent that her hours were numbered, and she was asked if her relatives should be summoned. "I have no one," she replied, and then, looking up pathetically into the doctor's face, she added, "I belong to you." Again she was lovingly and clearly pointed to the Saviour, and ere, early next morning, she passed away, she gave calm assent to the question, "Do you believe in Christ as your Saviour?" There can be little doubt that she will be found in that Great Day among the redeemed throng.

On another occasion the baptism of a Pathan girl was the cause of much thanksgiving and joy. At her own request she was baptized by the native pastor, Padri Imam Shah, in a small private ward, whither she was moved. It was a beautiful and solemn little service, witnessed by the Christian doctors and nurses. Very soon afterwards the Home Call came.

A sketch of a doctor's "day" in the Hospital will show that a Medical Missionary's practice is no sinecure. Supposing that only one fully qualified lady is in charge; she rises at 5 a.m., conducts prayers in Urdu at 6 o'clock, begins her ward visiting at 6.30, and then goes into the dispensary at about 7 a.m. She will find that, on an average, there are forty-two patients to be seen, and so, if she allots a bare five

minutes to each one, three and a half hours' steady work are before her. But the majority of cases require longer examination than can be given in so short a time; and minor operations also have to be performed. It is not surprising, then, that the good doctor is often obliged to defer her 11 o'clock breakfast to a late hour. From 12 to 3 o'clock, during the hot season, it is absolutely necessary to rest; but very often this is partially foregone when operations have to be performed. At 3.30 p.m. tea and poached egg or pudding are a welcome light refreshment, after which visits have to to be paid to patients at their homes. Dinner comes at 7 p.m. and then the doctor makes her nightly rounds of the wards.

It will readily be seen how necessary it is that more than one doctor should be upon the staff, since, not only the above-mentioned medical work has to be carried on, but, side by side with it, the spiritual responsibilities upon which we have not yet dwelt. Individual dealing with souls, the taking of Bible-classes for servants and nurses, and Bible teaching in the wards mean a continual exhausting strain, such as can only be met by the enabling power of God's Holy Spirit working through a sound and strong body. Happily, the C.E.Z.M.S. has been able to appoint a fully-qualified fellow-worker to the Missionary-in-Charge, but yet a third is wanted, so that during the cold season two could work in the city and one be out in the district, changing their posts in order to relieve one another and to prevent the oppressive loneliness which must be felt by the isolated European practitioner who, for a fortnight at a time, sees no one to whom she can speak a word of English.

We cannot close this sketch of the Peshawar Hospital and its agencies without quoting from a letter written by Dr. Holst, who for two years has been located at the "Duchess of Connaught" assisting Dr.

Mitcheson and learning the language, or, rather, we should say, languages.

"I love my work. God gives the Medical Missionary many a chance which is denied to other workers. . . The other day I was allowed to save a patient's life. The next day *sixteen* women listened to the Gospel message which Elizabeth Jelaludin (our chief assistant) gave in Pushtu on St. Matt. xi. 28. They had never heard before. Was not that a privilege?"

And, again, this young doctor, at the close of her first year in India, bears a touching testimony in a few graphic words, describing an experience which was a severe test of faith and courage.

"A little while ago I operated on a patient who was very ill. She died on the fourth day. I sat with her constantly the last two days, and, when she died, I felt miserable and almost as if God's Hand were taken away from me. In the evening I went round to the patients, expecting to find them hard and wishing to leave. But, instead, God had touched their hearts, and two or three of them put their arms round my neck. I felt it to be a token of His love and—though such a death cannot be forgotten, for she died without Christ—I was comforted a little."

The difficulty of keeping in touch (except by prayer) with old patients who have returned to their homes beyond the frontier is very great and sadly to be deplored. Doors, widely open, have to be left un-entered; seed sown remains unwatered by human agency. There is a sphere here, aye, and an *urgent* need for a special worker who would follow up such cases; one who could learn the three languages, and, having nothing to do with the medical or nursing work, simply spend her time among the in- and out-patients, telling them of the love of Christ in their own tongue. Who will hear God's call personally and reply "Here am I, send me"?

The Daudzai Dispensary, nine miles from Peshawar

was opened in 1889, in a very bigoted village called Narkai. It is visited once a week, and, when possible in the cold season, a lady doctor from the Hospital spends a whole day there so as to visit patients in their homes. By degrees the women are gaining confidence although the rumour was set afloat that this was another trap to catch the women and force them to become Christians.

Once a month, if possible, the Missionary physician drives out also to a village, Utmanzai, twenty miles distant, and spends the night in the house of a young Christian woman, the only Christian woman in a large Mahommedan district. Generally, soon after the doctor's arrival, ladies who dare not venture out of doors in the daylight, come to see her, veiled in their *burqqas*, and hidden from curious eyes by the darkness of the night. Most of these ladies of rank are connected by marriage with this Christian woman of whom they are very fond. They are most bigoted and argumentative, amounting almost to rudeness; but the Gospel message is lovingly put before them.

The next morning the doctor is kept busy indeed with out-patients, from early morning till mid-day, at Utmanzai, and then wends her way to Daudzai for the afternoon, seeing as many as forty sick people in the day.

A Hindu Dispensary greatly needed in the town was opened in 1900, but had to be closed for lack of workers!

Quetta, the most advanced post of our British Army in India, is on the borderline between Beluchistan to the south, and Afghanistan to the north. Here, in 1895, Miss Shaw was engaged in local connection by the Society to start work in conjunction with Mr Eustace's C.M.S. Medical Mission. She secured such favourable openings among the women that in November of that year, Dr. Charlotte Wheeler and Miss D.

L. White, transferred from Peshawar, were able to begin systematic medical work.

At first a small, inconvenient house was the best that could be obtained in which to open a Dispensary; but the need of a Hospital for treating serious cases soon began to be severely felt, and, in 1896, two more small adjacent houses, a quarter of a mile off, were secured, and, by means of plenty of windows and

Patients arriving at the Good Shepherd Hospital, Quetta.

whitewash, were transformed into a pleasant little Home of Healing to hold fourteen patients and two native workers.

The late Sir James Browne, A.G.G. of Beluchistan, was present at the dedication service, and expressed his conviction of the great benefits, from a political point of view, which Christian Missions thus conferred in establishing friendly relations with the frontier tribes.

Dispensary, and therefore it is necessary, in addition to training the native assistants, to coach them in at least three of the languages.

Dr. Charlotte Wheeler sketched a day in the Quetta Medical Mission for the readers of *Daybreak*. Here is one of the graphic word pictures of the Dispensary:—

"Let us now come into the tiny consulting room, which was used as a cook-house by former tenants, but now serves as an operation room; the furniture is arranged for use, and a sturdy Pathan woman stands by the table, holding a sickly-looking child of three, who is munching a cucumber. It is rather hopeless work, pointing out to the mother that such food is the cause of his ailment, for the fact of his wanting it is quite enough reason for her to give it to him. A smiling Hazari woman is the next arrival. She was nursed back to life in the Hospital from pneumonia; she is followed by a Sindhi, whose hungry, yearning look tells us what she wants without asking. She says: 'Miss Sahiba, I am not ill, but there is hunger in my heart, hunger for a baby boy.' She then relates how her boy, the light of her eyes, died a good many years ago, and her husband is not satisfied with the daughter she has, so that unless she has another son, he will take a second wife, and divorce her. Next come two Persi ladies, clad in the graceful *sari*; they are followed by a number of Gujeratis, several of whom are old friends, and greet us warmly."

Many of the out-patients live so far off that they cannot come and return in one day; indeed, sometimes their journey one way takes two or three days. These visitors are therefore given an evening meal, a night's rest, and some breakfast, to send them on their way refreshed and strengthened.

The first year's work exhibits some remarkable statistics. No fewer than 6,719 Dispensary attendances were registered, and over a thousand patients

had been visited in the villages. Even during the outbreak of plague, when wild stories to the effect that people coming for treatment to the Christian Hospital would be carried off and poisoned were being circulated, out-patients continued to come, and the work steadily grew, until, at the present time, in the new premises, as many as 15,000 attendances in twelve months are recorded.

In July, 1898, the landlord of the Hospital buildings gave our workers notice to quit, and the building of a permanent hospital was hastened. The site obtained was just outside the City, and is being rapidly surrounded by native houses. In the near distance is a grand mountain range, and nearer still in mild weather, numbers of gipsy encampments are to be seen between the villages.

On July 8th, 1898, a Dedicatory Service took place. During the singing of a hymn the red Mission flag, with white cross surmounted by a golden crown, was hoisted on a 50ft. staff. "It looks grand," wrote Dr. Charlotte Wheeler, enthusiastically, "waving in the air, a constant witness for Christ." The Good Shepherd Hospital, as it has been named, is built of sun-dried bricks, Zenana fashion, in the form of a *serai*, or square, the courtyard in the centre providing a *pardah* compound for the in-patients, the side facing the road forming the out-patient department. Two sides consist of operating room, wards, kitchen, and native workers' quarters, while the fourth side is taken up by store rooms and servants' houses.

No sooner was the building opened than a steady increase of patients took place. The women flocked in before the rooms were ready to receive them, and the workers were nearly swamped in work. It soon became necessary to enlarge the Hospital, and, in 1900, the accommodation was increased to eight wards, holding thirty-five beds, without cost to the general funds of the C.E.Z.M.S. The chief addition consisted of three

family wards built on the outer side of the Hospital, each with its own verandah and compound. Hitherto there had been no room within the Hospital where a father could visit a sick child, or a husband his wife, without destroying the *pardah* character of the institution. This arrangement was especially noted with approval by the Bishop of Lahore, after his visit to the Hospital in 1900.

The Hospital staff now consists of Dr. Charlotte Wheeler and Miss White, Miss Lowry (the English Matron), the Bible-woman matron, Barakat Bibi, and four Indian Christian girls. "The native women," says Dr. Wheeler, "differ nothing from the English in capability for training in nursing, and as they develop much earlier, quite young girls of only fifteen or sixteen are often reliable nurses."

The work of the day begins with prayer and a short Bible reading. Then the in-patients are seen, and after that the out-patient department is in full swing.

When we enter the Hospital we find nearly all the patients out in the sunshine, for unless a woman is too ill to be moved it is almost impossible to keep her in bed. A number of spare *charpaies* are always on hand and the stronger help the weaker ones into the fresh air. Very picturesque and very happy the women look in their white *chaddars* and bright garments. One is singing, two or three are nursing babies or hugging dolls, some are swinging, and others are quietly resting. Bright, lovable, and grateful for little kindnesses, these women have the most lively appreciation of a joke. One of the ways to their hearts is to make them laugh.

Though they dread pain, they are wonderfully brave in bearing it, sometimes stuffing their *chaddars* into their mouths to keep from calling out.

The iron bedsteads, of English make, are laced with string, renewed as often as may be necessary. The bedding consists of blankets and sheets. The patient's

ordinary food is the native bread, *dál*, rice, meat, milk, spices, &c.

The majority of the patients appreciate all that is done for them, although their respect for European ways is often shown by following their own!

The Good Shepherd Hospital, Quetta.
The occupants of one Ward turned out into the Verandah to be photographed: Pathans, Brahuis, Persians, and Hindus.

Considering the short time they stay in hospital, perhaps this is not surprising. Their astonishment at the cleanliness and order to which they are wholly unaccustomed is very marked. The Brahuis *i.e.*, the gipsies, especially are wonder-struck. Some English friends, having carefully sent out some Brahui robes made according to the native pattern, the transformation from soiled, dark village garments to beautiful sky-blue or pink gowns was irresistibly comical to all but the proud wearers, who were delighted with

the exchange! The ordinary comfortable Hospital clothing is a *kurta* or jacket, *pyjamas* or loose trousers, and a *chaddar* or scarf.

Several cases of peculiar interest from a doctor's point of view have been treated in Quetta Hospital. One poor woman came with her face bound down to her chest in consequence of cicatricial contraction after a terrible burn. The strained tissue was cut through, and the resulting wound was skin-grafted most successfully.

Here, as in England, but much more frequently, cases are often too far advanced for cure. Dr. Wheeler tells of one "dear, unselfish girl" suffering from a terrible injury for which an operation was unavailing. "When she learnt that nothing could be done to relieve her, her great desire was that the Miss *Sahibas* should not be sorrowful. Not one word of repining escaped her lips, though she knew that when she returned home her husband would probably divorce her."

Although, as yet, there have been no baptisms or open conversions, there has been much encouragement in individual cases. A fine old Pathan woman, who several times became an in-patient, remarked one morning, "My pain is very bad, but I know it comes from God, and I just put my hand to my mouth," *i.e.*, keep silent. Miss White, writing in 1899, said, "I wish you could have seen the face of a woman in the 'Sutton and Craven' bed yesterday morning, as she heard, probably for the first time, that God loves her, and has forgiven her sins for Jesus' sake and will take her to Heaven. The remembrance of her eyes of desperate anxiety bring the tears to mine when I think of her. She looked as if she would tear my very soul to find the *truth*. One patient, a little, gentle Mahommedan woman, will probably stay with us until she passes through the valley. I was telling her last night how God loved her, and how He had sent Jesus to die for

us, and she told me that now she is not at all afraid to die."

A still more interesting patient the Doctor mentions lovingly, one who was with her for more than a year :—

"Her mother brought her to us on foot through the Khyber Pass, from a village several days' journey from Peshawar. Her name was Janama ; she was suffering

The Good Shepherd Hospital Staff, Quetta.

from leprosy, but of the less malignant type. It was not far advanced, and we felt that, with certain precautions, we might admit her. She improved much under treatment, and became very happy. At the Bible reading her eager face was quite a help and encouragement, and she would frequently repeat what I had said, expressing herself in such a way that the other patients should better understand my words. At the end of the prayer her voice joined with mine, saying in Pashtu, 'for Jesus Christ's sake.'

"If a patient needed food or medicine in the night, Janama could always be relied upon to see that she had it. When I went my Hospital rounds in the morning, she nearly always accompanied me, so as to be able to do anything she could in the way of fetching and carrying; and when any special directions were given to the patients, she was always ready to enforce what was said, her whole face showing her earnestness as she impressed upon any individual the instructions given: so faithful a companion was she that Miss White used to call her my 'clinical clerk.'

"Her mother heard that she was becoming a Christian, and insisted on removing her; a band of about two hundred Mahommedan men came for her, and as we could not prove that she was of age, we could not keep her. Whilst with us she had learnt St. John iii. 16, and from the house in the city to which she was taken, she sent us word that she would not forget it. In her distant home beyond the frontier, where European missionaries cannot penetrate, she may be able to carry the good tidings of a Saviour. Pray for her that she may be kept from spiritual and bodily harm, and that God's Holy Spirit may lead and teach her."

The patients' love for their Doctor Miss *Sahiba* has often been strikingly demonstrated. Gifts of vegetables from their tiny gardens find their way to her. In the winter of 1898, when Dr. C. Wheeler was laid aside by a severe illness, the grief of the women was touching to witness. One Pathan patient remarked afterwards, "When the Doctor Miss *Sahiba* was ill, I stood outside and wept, and that was the way with everyone."

During 1900, as many as 700 in-patients were received and 267 operations were performed. Fifty rupees were given in token of gratitude for the recovery of his boy by a well-educated, English-speaking Hindu gentleman, who desired that they might be divided

between the C.M.S. and C.E.Z.M.S. Hospitals. Dr. Summerhays had performed a serious but successful operation on the child in one of the family wards of the Good Shepherd Hospital. The Colonel of a native regiment, now on service in China, sent Rs.100, at the request of the Hazaras in the regiment, as a token of gratitude for kindness shewn by Dr. C. Wheeler to their women while they were in Quetta It is interesting, too, to record that the soldiers who frequented the Soldiers' Home spontaneously supplied a large number of their empty matchboxes, which proved invaluable for ointments, which the out-patients formerly received in pieces of paper, with the probable result that by the time it had travelled four or five miles to the patients' home, under a burning sun, the salve was reduced to oil.

The C.E.Z. Dispensary, in Sukkur, one of the most important towns in Upper Sindh, was begun in a large disused tobacco storehouse on the ground floor; now it is to be found above the level of the street in a much lighter and brighter house in the same locality. Two narrow *ghitis* run parallel from one main bazaar to another, and the Dispensary and school building combined stretches from one *ghiti* to another, so narrow is the lane as to be only the width of a small house.

Round the door of the house the mud-wall is colour-washed pale blue, and above the door hangs a board telling passers-by, in two languages, that this is a Medicine Place for Women.

A steep, winding staircase from the door leads into a small open courtyard, on one side of which is a verandah. Two doors open from this, one into the Dispensary—a room about twelve feet square—and the other into a schoolroom. Here, by our medically trained Missionary-in-charge, simple remedies are dispensed to the women who come in one by one for medicine, while the Gospel message is spoken and sung to those who wait their turn outside or in another small room.

These Sindhi women have firm belief in the efficacy of iodine liniment for every pain, and Miss Brook tells an amusing story of a patient who, not only begged that some might be painted on her forehead to cure headache, but insisted on having it applied also to her nose. The effect of the decoration is better imagined than described.

In visiting the sick in their homes there is constant encouragement. Very recently a dear old Hindu woman named Haritai was very ill. Not caring for anything else in her great pain, she was always able to say, "Read the paper," by which she meant, "Sing a hymn," the hymn book used being a small unbound paper one. After the hymn she would touch her heart and say, "It comforts me. It is good! It is sweet!"

The history of our medical ministries in Kashmir has been specially sketched for us by Miss Stubbs, now at work in the Srinagar Dispensary. She says:—

"The Church of England Medical Mission in Kashmir has had a remarkably chequered history. At one time there was a flourishing little hospital,* presided over by lady doctors and nurses. In 1891, sad to say, one of the floods which occasionally inundate this country washed away the building, and only with much difficulty were some of the drugs and appliances saved.

"Nothing daunted, the work was again started, and other quarters obtained, but in 1893 a second flood did much damage. Shortly after this the medical work of the C.E.Z.M.S. was for a time abandoned.

"In 1897 Miss Hull asked Miss Foy, whom she had met in the Punjab, and who had worked under Miss Hewlett at St. Catherine's, Amritsar, to join the

* The John Bishop Memorial Hospital. This work will, it is hoped, now be continued by the C.M.S. at Islamabad, the second largest city in Kashmir, about forty miles distant from Srinagar; while the C.E.Z.M.S. will continue to work among the women in the city of Srinagar.

A View of Srinagar, on the Jhelum, Kashmir.

Kashmir Mission and to help her by visiting the sick in her *Zenanas*.

"Not very long after Miss Foy came it was thought advisable to open a Dispensary in a much crowded and central part of the city.

"At first the women came by twos and threes, but, very soon, the news spread that good medicine was to be obtained at a place where women could be sure that no men would come, and the numbers had increased to almost two hundred on each Dispensary day when I joined the Mission in June, 1898.

"As the Kashmiri women do not understand Hindustani, it became necessary for us to learn Kashmiri, which is a most difficult and uncertain language. A small grammar, a vocabulary, and the Bible are the only books obtainable, this latter being written in the Persian character, which is far from expressing the pronunciation correctly. When one's progress seems very slow it is comforting to find that men of learning say that it takes fifteen years to get a hold of Kashmiri.

"Now having introduced you to the people and the language, let us go and spend a day in the city and visit the Dispensary!

"Srinagar, the capital of Kashmir, is built on both sides of the Jhelum. Seven curious and beautiful bridges span the river, about which there are many wonderful legends.

"The streets are too narrow to admit of any vehicle but a bicycle; consequently the usual mode of progression is on horseback or by water. The former is preferable in winter, the latter in summer. Our trip to-day will be in our "Shikara," as the native boat is called. Our three boatmen will row us with *chappars* (picturesque, heart-shaped paddles).

"We take with us our tiffin, as we may be kept a long time in the city, also any medicines for replenishing the stock. We land at the fourth bridge, or *zina*

kadal, and, turning up a narrow lane, we find ourselves in the street on the right of which you will see our Dispensary with "*Zenana* Shifa Khana" written in Persian characters over it.

"We are greeted with cries of *Tsa aubre, Tsa aubre, i.e.*, "Blessings on thee! Blessings on thee!" as soon as we are inside the courtyard.

We exchange a few pleasant words with the women, then go upstairs, arrange our medicine, and set all in readiness for the day's work.

"One of us, taking a Kashmiri Gospel, goes down to give the first address in the room below. The women sit on the floor. Nearly every one of them has a baby. She has also one or two vessels in which to carry away her medicine. Her shoes she leaves outside the door, as it would not be at all polite to wear them inside.

"We are helped in our work by two native women, both of them far cleaner and gentler than the majority of Kashmiris. One, the widow of a Sikh of high caste, knowing both languages, is able to translate for us. The other is a Mahommedan who speaks only Kashmiri.

"We are looking forward to the happy day when we shall both be able to speak without any go-between.

"The women, Mahommedan and Hindu, listen very attentively; they never laugh at our mistakes, though they have plenty of humour. They are very dirty and terribly ignorant, very slow to understand, and to teach them to remember anything is a work requiring God-given love and patience. There is so much superstition and caste prejudice to overcome.

"After the women have heard the address they come, one by one, to receive treatment; a second congregation is meantime assembling downstairs, and possibly a third will do so after that.

"The great majority of the patients get better very quickly. Some we recommend to go to the C.M.S.

general Hospital—or, if nearer to their homes, to the State Hospital for women if they will. Many are the expressions of love and gratitude we receive, and it is with difficulty we can persuade them to go anywhere else. The State Hospital does not give any religious teaching.

"After the dispensary is closed we must go to see in their homes any who have sent for us to-day, or any old patients who need a visit; in each house hoping to leave, if possible, some thought of Him Who sent us.

"The richer people give us fees, and we gladly accept them, knowing that they are much more likely to take the medicines and profit by the treatment if they have paid for them.

"Our funds are low, and there is not an *anna* wasted, as we have but two native assistants, and do almost everything ourselves. The working expenses, roughly speaking, are about £4 a month."

In connection with Hyderabad, the ancient capital of Sindh, must ever be remembered the life and work of Miss Marian Compton, who died from a carriage accident, at Quetta, on Easter Monday, 1896, and a slight sketch of this devoted labourer will not be out of place here.

In the autumn of 1887 Miss Compton was appointed to Hyderabad, where very quickly she endeared herself to the people. The following year a Dispensary was opened in the city, to which the women gladly flocked. Never was our sister content to minister to bodily necessities merely, but was ever anxious to point to the Great Physician for 'God's remedy for sin.'

By day and by night her services were at the disposal of the women of Hyderabad, both Hindu and Mahommedan, by whose bedsides she would untiringly minister.

Never thinking of herself, ever cheery, ever confident, she was a constant inspiration to her fellow workers, physical as well as spiritual fitness enabling

her to accomplish a great amount of work without overstrain. Her loving sympathy was not confined to Hyderabad, but spread to the women of the towns around. A Dispensary was opened at Kotri, five miles distant across the Indus, whither she went once a week, winning the hearts of the people by her bright and cheerful manner, as well as by her successful treatment.

Many of her fellow Missionaries owed much to her tender and efficient ministrations in times of sickness and suffering—a side of the Medical Missionary's calling which we have not touched upon in this little book, but which is of inestimable importance.

What a blank was left when that useful life so suddenly closed, few can know. When the news reached Hyderabad, the grief and distress were great indeed. It was hard to console the weeping native Christian women.

The *Prabhat*, a Hyderabad vernacular newspaper, remarked in its English supplement :—

"To give relief to the sick and suffering seems to have been the end and aim of her life, and she never lost sight of it. Exceedingly courteous, kind, and attentive to her patients, and, indeed, to all with whom she came in contact, she was a general favourite. When she visited any house, the women and children would flock around her, as though she were their nearest relative, and pour into her sympathetic ears things that they would not tell any other."

Some of the leading Sindhi gentlemen circulated the following notice :—

"At the earnest desire of numerous friends and admirers of the late Miss Compton, of the C.E.Z.M.S., who had dedicated her life with such rare unselfishness to the cause of suffering women and children in this city, a public meeting of the citizens of Hyderabad will be held in the compound of the native General Library on Tuesday, the 14th inst., to give public expression to

the great grief felt by the people of this city at her sudden and premature death, and to send a letter of condolence to her relatives."

The meeting was held. Four or five Sindhi gentlemen spoke, all bearing testimony to the life of self-sacrificing usefulness that had just closed. Thus greatly was she esteemed by even those who could not sympathize with her higher motives.*

Medical Mission work in Hyderabad to-day is chiefly among poor Mahommedans, of whom as many as 500 a month attend the Dispensary, open every other day. Miss Piggott visits also the homes of the people, sometimes prescribing simple remedies for as many as eighteen patients in a day. A Christian nurse, a convert from Mahommedanism, and a Christian helper in the city work, a convert from Hinduism, are living testimonies to the two great parties of what Christ has done for one of their own people. These earnest women gain a most attentive hearing. But of the Hyderabad Mission its workers say that it seems at present to be a silent Mission—they see as yet so little spiritual result. Many of the women who come to the Dispensary are very familiar with the Gospel as far as head knowledge goes, but hearts appear to remain untouched. Yet we know that the Great Husbandman will not forget to water the hidden seed, which, one day, must spring up.

In the spring of 1900, regular C.E.Z. Medical Mission work began in Dera Ghazi Khan, under the care of Miss Grace Adams, L.S.A. A small women's Hospital was carried on in a native house, and during the year 123 in-patients were received, while 4,000 out-patients were treated. This work, we regret to have to add, is now suspended. Dera Ismail Khan, a station lying also in the strip of flat country between the Indus and the Suleiman Mountains, was also held as a medical

*From a sketch by "J.R." in *India's Women and China's Daughters.*

outpost, the work being carried on by a succession of workers, of whom Miss Werthmüller is now in charge, assisted by Miss L. Malaim-ud-din, one of the native *padri's* daughters, who joined the Mission as compounder. As many as 117 in-patients have been received in a year into the small bungalow used as a Hospital, and over 14,000 patients have visited the Dispensary in the same time.

We have not space even to sketch an outline of the good work carried on at Dera Ismail Khan; but again and again inquirers have been brought out and lovingly pointed to the Saviour. Miss Rosetta Johnson, a trained nurse, who has lovingly laboured amongst the women for some years, told the following pathetic story, which shows how apparently hard, heathen hearts melt at the touch of a Christ-like comforter:—

"One young wife sent for me, her mother saying, 'My poor girl has no one to speak to; she sits quite still all day, and when any of the women ask her why she does not talk and laugh with them, she only says, "I have nothing to laugh at." She will not even let me share her trouble (*i.e.*, that her husband is very cruel to her), but says if she may pour out her sorrow to you, just put her head on your shoulder and have a cry, she will feel better.'"

CHAPTER IX

PATHS OF PAIN

or

Hospitals and Dispensaries in South India and Ceylon.

"Each moment that we live
We, too, are casting shadows on our way
Throughout life's dusty footpaths. Lord, we pray
That ours, like Peter's, be a healing ray."

"THE pathos of a heathen woman's life, as seen by the woman physician, would eat her heart out were it not for the hope of changing its sorrow into joy," was the recent remark of a Medical Missionary, who is devoting her life with glad enthusiasm to the service of her suffering sisters.

We can well believe it. In order to touch with true sympathy such loveless, pain-fraught lives, the ministering woman has to walk, step by step, in close companionship with the one who is treading paths of pain; and the burden might press all too heavily, the strain be all too great, were it not that she is up-borne by the strength and hope and gladness of that two-fold "healing ray" which it is given her to impart. The magnificence of her message is in itself an inspiration: the greatness of her calling gives her courage; but, above all, the Medical Missionary recognizes that she

is in divine partnership with the great Physician Himself, and therefore she possesses a humble, awe-filled, but triumphant faith.

As a doctor she sees the interest of the case. As a woman doctor, she has sympathy with a sick sister; but the Missionary woman doctor sees in each suffering body a soul to be won for the Master, to Whom she ministers prayerfully, humbly, and with consecrated service.

Miss A. G. Lillingston, L.R.C.P. & S.Ed.

Yet, if our prayers are to sustain our Medical Missionary representatives in the foreign field as they should, we must intelligently enter into their position, and we venture to think that no more true, as well as striking, words have been uttered in this connection than those penned many years ago by a senior C.E.Z. Indian Missionary of long standing.

"Years of contact with heathen do not *necessarily* bring callous indifference to the terrible sins and miseries in which they live. A Medical Missionary among women in India has to descend into the depths of a moral atmosphere so vile that in it one may be metaphorically said to have to gasp for breath.

"Delicate regard for the feelings of those who read forbids any revelations being made by the pen; suffice it to say that the Christian Englishwoman, whose duty requires her to investigate their evils (as entirely distinct from the lady who goes to the more respectable houses to *teach*), feels more and more every day how truly she is fighting, *medically* as well as *spiritually*,

with the powers of darkness: she works 'where Satan's seat is'; she often feels as if she would give all she has in the world to be able to think that one woman with whom she converses were really pure, one little child in these houses the happy possessor of an unpolluted mind!"

We have already tried to demonstrate the immense advantages possessed by the Mission Hospital worker who can bring her patients out of their surroundings into a pure atmosphere, both physical and moral. Before passing on to the description of yet more Homes of Healing in India and in Ceylon, we would again remark that such places are mighty ocular proof to the watching heathen around of the fact that Christ's religion is not one of mere dogma and theory.

They come to recognize that it is the embodiment of love—that vital principle which they are bound to confess permeates the lives of its true followers. The patients are able to test the teaching by the lives of the teachers; they find that deeds square with doctrines. "A wound carefully dressed, patience under the provocation of disobedience or ingratitude, justice in the control of an establishment, the maintenance of cleanliness, and all that goes to make up discipline, the opportunities for demonstrating the difference between honest work and eye-service, these things are more valuable than many a sermon," and are an object lesson never given in vain.

Prayer and praise marked every step in the history of the building of the Gosha Hospital, Bangalore. For a very long time the need was felt for such an institution for suffering Mahommedan women, who are kept in strict seclusion, or *gosha*, the South Indian term for the *pardah* system. And the fact that it is growingly appreciated may be seen from the statistics which show that the number of in-patients has steadily increased by 100 a year, and last year by about 550.

Some 2,000 suffering women are ministered to within its walls during a twelvemonth.

A deeply interesting account of the steps leading up to its erection has been written in *India's Women and China's Daughters* for November, 1899, by Miss Thom, under the appropriate title "A Record of Answered Prayer."

To Miss Anna Smith, aided by Miss Ewart and a few other generous friends at home, the Hospital, under God, owes its existence. Note-books of the prayer meetings held by the Christian lady workers in the C.E.Z.M. House in Bangalore ever since May, 1887, contain simple records of definite petitions, and of equally definite answers gratefully recorded.

From the first link in December, 1887, when prayer was asked "for ladies to be sent here who can undertake medical work for Christ, especially to help the poor Mahommedans," to the plea in April, 1893, "for site of *Gosha* Hospital, an application for which is again (after having been refused) before the Municipal Council." God abundantly fulfilled petition after petition. Through His servants on the spot, and their friends at home, money supplies were sent in sufficient to warrant the purchase of a site costing more than Rs.15,000 (£1,000), which at last became theirs. It was a noticeable fact that the Council which granted this highly advantageous site of five acres on rising ground just above the Cantonments Railway Station—airy and open, yet close to the town—was composed of Mahommedans and Hindus, with only a few Europeans.

Meanwhile, the first and greatest need had been laid by God on the hearts of His children, ere one stone of the building was laid, viz., one or more consecrated lady doctors, and this prayer was richly answered. By the time that the Hospital was ready to be opened, a young lady, Miss A. G. Lillingston, sister of one of the earliest C.E.Z. workers in Bangalore, had passed the

medical examination, had studied Urdu for six months in North India, and was fully equipped to be the first head of the Hospital.

And so, on October 30th, 1893, by God's good hand upon His servants' work, the foundation stone of the new Hospital was laid by Bishop Gell, of Madras, in the presence of Colonel Henderson, British Resident

The Gosha Hospital, Bangalore.

in Mysore, and other friends. The C.E.Z.M.S. had been quite unable to contribute anything; yet, in addition to the money obtained for the site, a sum of Rs.14,993 had been already sent in.

"It was indeed wonderful," says Miss Thom, "how, although no one—so far as is known—ever personally asked for a donation, the Lord sent in funds as required.

"Also how He raised up friends and counsellors to supply the advice needed as to 'plans,' the superintendence of the materials and the workmen, even to the

gifts of trees and shrubs for the large, bare compound, by the Curator of the Lal Bagh."

During the same week in which Dr. Amy Lillingston landed in Bombay, a Christian lady, Miss Clare de Noé Walker, who was specially fitted to become head of the nursing department, and ably to second all the efforts of the lady doctors, offered her services. Thus, in October, 1895. Hospital, Doctor, and Nursing Sister were ready for work ; and on the last day of that month, the long-desired, long-prayed-for building was opened by Mrs. Mackworth Young, wife of the British Resident, the venerable Bishop Gell conducting a service of praise and prayer. Well could the Bishop say, in his address after the service, pointing to the building: "There it stands in this great un-Christian land as a witness of our Saviour's love and sympathy —that divine love and sympathy of which so little is known outside Christendom—which reveal the life, work, and words of God's dear Son." A harbour of refuge truly it was to prove, not only for many a Mahommedan or Hindu woman, but for native Christian sufferers as well. For hitherto, as there was no Protestant Hospital, these had been obliged to place themselves in the hands of Roman Catholic nuns, and of the coercion in religion to which they were thus exposed in times of weakness we need hardly speak. in

Over Rs.40,000 (about £2,400) had been sent in answer to prayer towards the building, so that the institution now erected is much larger than at first proposed. So abundantly does our God give above what we ask or think.

Standing on high ground, the Hospital is an imposing looking building of grey stone, two stories in height, and surrounded by a large compound enclosed by a high wall. It is built in blocks, and the grey arches of the long, covered corridors which connect the centre building with the two wings, being filled in on the outer side with an open lattice of red tiles, give

quite a charming and attractive appearance to this House of Healing, as well as affording a cool and *gosha* promenade for convalescents.

The ground floor of the central block is given up to the Dispensary with its consulting, waiting, and store rooms, &c.; while the floor above may be called the Medical Missionaries' "flat," since it is furnished with sitting rooms, bedrooms, and kitchen complete, though this last convenience—an upstairs kitchen, so rare in India—is by no means an unmixed blessing, by reason of its accompaniments—smoke and chatter.

The Hospital, with its eight wards, was built to accommodate twenty-four patients, but as many as forty, if necessary, can be received.

Facing the front entrance, the east wing is on the right. The "May Ward," so named after Lady Mackworth Young, contains six beds and a child's cot. It seems peculiarly attractive to child patients, who are generally to be found within its bright, picture-hung walls, or those of "Friendship Ward" next door. Upstairs "Sunrise" and "Mothers'" Wards represent babyland. At times, as many as seven or eight new babies are to be found in these two rooms.

On the ground floor of the west wing, the Victoria Ward at once confronts the visitor, its walls decorated with coloured prints of the late beloved Queen Victoria and her Jubilee procession of 1897, in which year this ward was first opened. The annexed smaller ward, "Munro," often has to be given up to some patient who at first must be humoured with a room to herself, and with plenty of space for her mother or sister-in-law.

Upstairs, "Sunset"—the brightest of the wards when the evening light floods it with golden glory—and a small operating room complete the plan of the Hospital proper. All the ward bathrooms are at the back, and flights of stairs lead down from both front and back of the building. But we must not forget to mention the most popular part of the building—

the flat roof, whither by a stairway (dark and steep, it is true) the convalescent Mahommedan women, shut in from the outside world all their lives, love to clamber in the evening. There, well wrapped in their red or grey Hospital blankets, they are delighted to sit, together with a group of convalescing children, women-servants, &c., a happy little *al fresco* gathering, drinking in new life with the fresh air.

From the roof they can look down upon the porch, which (like the corridors which are pressed into service as wards when occasion arises), is often transformed into a room for classes. The evening air is sweet with the scent of roses standing there, of honeysuckle and bourganvillea, which climb up over it, and of the stephanotis which struggles upwards towards the Missionaries' sitting room.

Against the west wall are the out-buildings, shaded by beautiful trees. The mortuary is in a corner, near the door, so that funerals may take place as quietly as possible. The housekeeper and nurses sleep in rooms beneath a shady verandah, and near by is the Hospital kitchen, into which not even a lady doctor is permitted to enter. The housekeeper supervises the tidiness and cleanliness and sees that the milk is made to boil while standing on the doorstep, without venturing to go beyond!

A high caste cook, not a Brahmin, is employed, who will undertake to make mutton or chicken broth, which a Brahmin would refuse to do, and who can cook for her own caste and all beneath it. But Brahmin's food must be prepared by a Brahmin, and that for Mahommedans by a Moslem, and so small separate kitchens must be provided for each. Strict Mahommedans can only eat meat killed, marked, and "sealed" by one specially authorised to do it. As the Hospital is on the outskirts of the Cantonment where most of the Mahommedan patients live, their "diet" is usually cooked in their own houses and is brought to

them by their relatives. So different are Hospital regulations in India from those in England!

To return to the wards and their inmates. The iron bedsteads are made comfortable resting places by thick mattresses, in reality large bags, made of ticking and filled with straw, which is frequently changed; the pillows, also, are stuffed either with straw or common native bazaar cotton wool. Ordinary Hospital sheets, blankets, and a red and white or patchwork quilt complete the bed furnishings.

A patient's ordinary diet consists of half a pint of coffee and a small loaf of bread at 7 a.m.; rice and curry at noon and again at 6 p.m. Those on "milk diet" have three pints of boiled milk or gruel in the twenty-four hours.

Eight Indian Christian young women are always in training as nurses, two of whom take night duty in turn.

They are usually girls of 18 or 19, if possible, straight from a Mission Boarding School, and their general training lasts two years; most of them, however, take a third year's maternity course. They usually make bright and efficient nurses.

Diseases of the digestive organs, due to the poor food and hard lives of the working women, are very common complaints, but lung troubles, too, bring large numbers of sufferers to the refuge of the Hospital.

Cases of medical and surgical interest, rarely or never seen in England, constantly come before the staff. Some are patients who have needed surgical interference for years, and who have gone without treatment till the prospect looked hopeless. One poor girl, who had suffered untold pain for six years, presented a very difficult case which might well have been despaired of. But after much prayer, and pains, and patience, the surgeon's skill was rewarded by perfect restoration. Another patient had dislocated her jaw three months previous to coming for treat-

ment, and could, of course, neither eat nor speak properly.

During the outbreak of plague in Bangalore, in 1898, the *Gosha* Hospital witnessed many a sad sight, and the doctor's aid was continually sought for. Three hundred Mahommedans a day were dying in the cantonments just below the compound; and women were brought either dying to the Hospital or developed symptoms immediately after admission; in either case, only to be moved at once to the plague camp.

Hindus of every caste, from Brahmins to Chuklas, become in-patients, and Tamils, Canarese, Telegus, and Marathis are to be found in the wards. Add to these the Hindustani-speaking Mahommedans, and it will be seen that the workers need to possess the gift of acquiring tongues! On the whole, the differing castes are more manageable than might be expected; consideration and tact do a great deal to oil the wheels and prevent friction.

Patients who have never before had to do with Europeans do not at first appreciate ways and methods so novel to them; but by degrees they are won to admiration and gratitude. They are often surprised at the trouble—unnecessary as at first it seems to them—to make and keep them clean and comfortable, especially by the English ladies; and the fact that the Missionaries will rise at night to attend to them is one which appeals very strongly to them, and fills them with grateful amazement.

A day's work in the Hospital has been vividly sketched for us by Dr. A. G. Lillingston.

"The nurses' day begins at 6.30 a.m. Each patient receives her allowance of coffee and bread, and the sweeping and scrubbing for the day begins.

"In the Dispensary, 'Hope' (our young Christian Indian dispenser) makes up stock powders and mixtures, while the out-patients begin to gather in the waiting room at about 7.30 a.m., and are seen in turn

until 9 o'clock by the doctor, who always has a nurse with her to assist in dressings, and to interpret the many tongues. When the women have received their prescriptions, they pass their papers and bottles through to the dispenser, but, as in all our Mission Dispensaries, the medicines are not given out to the patients until after prayers. At 9 a.m. the door is

The Gosha Hospital Staff, Bangalore.

shut: the doctor, evangelist, and dispenser meet for a few moments' prayer, and then the women are divided in two groups, those who understand Hindustani, and those who speak Tamil. Two short Gospel meetings are then held.

"Pakiammal, an Indian Christian woman, our Tamil *munshi's* wife, whose heart is on fire for God, comes daily, unless hindered by ill-health, without fee or emolument, to take the Tamil meeting, and afterwards visits each Hospital Ward for prayer with the

patients. Almost without exception those who have been baptized say, 'It is through Pakiammal who first taught me.'

"Miss Amy Wilson Carmichael, who, in 1895 stayed for some months at the Bangalore Mission Hospital, says of her, '"Blessing" is her name, and it fits her. Her husband rejoices to lend her thus to the work of the Lord.'

"At 9.30 a.m. the patients receive their pills and powders, lotions and ointments, and are dismissed.

"But to return to the Hospital.

"The nursing superintendent, Miss Clare de Noé Walker, has probably been down for some time in the linen-room giving out newspapers and rags to the nurses who come for them, coupled with the strictest injunctions as to economy. That room, too, contains the nurses' stores of rice, curry stuffs, and wood, all of which have to be dispensed. Quite possibly, at this juncture, an exciting mouse hunt takes place, and some nurse or servant who is an expert 'mouser' is called upon the scene! After this, the superintendent goes into each ward to receive the night report, &c., and then, at 9 o'clock, the nurses gather round her for a Bible reading from the C.S.U. portion for the day. Very interesting it is to hear the verses read aloud in turn in the different tongues represented—it may be Tamil, Telugu, or Canarese. The catechizing and instruction, given either in Tamil or English, can be followed by all.

"Meanwhile, the second doctor's hands have been full of special duties; a visitor to interview, or a patient to be visited outside the compound, and certainly notes to be written for the messenger who calls at 9 o'clock. Then, too, someone must undertake the Missionaries' housekeeping and order meals for the day. That work is gladly given over, whenever possible, to the newest comer from home.

"At 9.30 one doctor is on her ward round, while

our little sitting-room for tea, when we regularly expect to be interrupted with messages, and patients who are going out of Hospital come to say good-bye.

"At 6 o'clock Nursing Classes, senior and junior, begin, and at 7 p.m. the Missionaries and nurses conduct evening prayer in the wards; then the doctors visit each with the night nurses, who, at 7.30, are left incharge, while the ladies are summoned to dinner.

"Dinner proves a welcome rest-hour. In the hot weather it is often spread for us in the porch, where we discuss it by the light of a hurricane lantern. At 8.30 'Hope' comes to say, 'Shall I call the night nurses?' and then, unless there is a patient who cannot be left alone, we all gather together in our little sitting-room forEnglish evening prayers, with a hymn; and then it is good-night all round. The Hospital is quiet, save for thecries of wakeful babies. But our day is not quite done, for Nurse Emily brings her day's report to me to read and to give advice, and what a full one it is! for she has more requests for visits than she can possibly comply with; and 'Sister' sees the Hospital housekeeper and hears anything that must be told, after which we settle down down to finish any writing that must be done—often a big item—and then to bed."

Such are some of the daily activities of the Bangalore staff. Now for a few moments let us glance at some typical patients. An old *pariah* woman, suffering from an abscess in her heel; a little Christian schoolgirl, crippled with rheumatism; a young Roman Catholic mother and baby; a poor heathen girl recovering her right mind, slowly but surely; a fast convalescing woman—as grateful a patient as any—whom the doctor found very ill in her home surrounded by crowds of willing but incapable relatives and friends; and two *Gosha* women, one of whom had never left her Zenana from the day of her marriage until she came to the Hospital. while the other is a little child-wife of

sixteen, who has suffered much and is very weak. Such were some of the cases received in the early days of the Hospital, and prototypes of many to follow. And what of the spiritual results? Thank God, these have been neither few nor far between.

On the first Sunday in February, 1898, an old woman was publicly baptized in the Tamil Church, and we praised God for "first-fruits." Only a year before, Latchmi was a demon worshipper. Her son

Prayers with the Servants.

had been a Christian for years, and he brought his sick mother to the Hospital, asking that she might be kept until she was a Christian too! She was very ignorant, and slow to learn. It took Sister Clare more than half an hour to teach her to pray—in Tamil, of course—"Make in me a clean heart." At last she knew it, but about an hour later she came up to say that she had forgotten one of the words—"Please tell me again." But the Lord Jesus found Latchmi, and the change in face, and tone, and manner proved without a doubt how truly she had entered the Kingdom as a little child. At her baptism she received the name of Hannah, and the native Christians present remarked

that she must be converted from the way in which she walked up to the font in front of them all. It was a great happiness to watch the look of deep, serious joy on her old face.

Some few months previously, "Friendship" ward had been the scene of a very joyful, solemn service, when an old caste woman, Sundarum by name, clearly and emphatically answered the baptismal questions put to her by the pastor. Not many days after her true confession of Christ she was gathered home to Him.

Yet the work, with all its gladness, has much of grave and solemn responsibility. Those who are really interested and heart-awakened are the few. Neither time nor strength allow the present staff of workers to keep in touch with all the former patients, though it is immensely important to do so. Here, as at Peshawar, the medical work is opening doors which, as yet, stand un-entered. The responsibility upon those in the home-land is very great. To quote Miss A. Wilson Carmichael again:—

"These Hospital pictures. Look at them again; they look so easy and happy, but to us they mean 'bits of sadness and of gladness strangely crossed and interlaid': of encouragement, discouragement, the need of a faith which *won't* get disappointed; of the patience upon patience that the doctor and sister need, of the strong divine love, and pity, and courage. These people come, and go, sometimes, we trust, touched for Christ. Sometimes, it seems so hard that they *cannot* feel. More than one has been carried out before she had a chance to hear—carried out *dead*.

"Hospital Mission work is not play. One has only to live within its walls, even as an outsider, to learn the depth of the need for prayer and help from the homeland.

"So, friends, will you pray? Pray for the moving of the Spirit among these Mahommedan and Hindu hearts, so that when they hear they may respond.

Pray for the Missionaries. Pray for *reality*, out-and-out consecration, nearness to God. Pray for more workers; Pentecostal workers. They are needed. Pray that *before they sail they may so know God that nothing will be able to put the fire out.* Pray for these lands. Pray as one of your own Missionaries prayed for China. Pray '*till you pray yourselves away*.'"

In 1885, Miss Graham, a trained nurse from the Royal Infirmary, Edinburgh, was despatched by our Society to the relief of Mrs. Cain, wife of the Rev. J. Cain, C.M.S. Missionary to the Kois. Mrs. Cain had begun to assist the sick and suffering in addition to her other arduous labours, and she hailed with thankfulness a trained fellow worker. The Kois are the remnant of a timid race of hill-people, living above the Godaveri river. The women quickly responded to the kindness and skill bestowed on them; but although the Mission was primarily established to give the Gospel to the Kois, by far the greater number of converts are of other races, Hindus, Mahommedans, and the classes lower than the castes. A widely open door was thus set before our Missionary, who for fourteen years laboured lovingly among them, until 1899, when ill-health compelled her to return home. Miss Frölich has succeeded her in the work, living in the Mission bungalow with Mrs. Dowling, an Australian lady who has been doing valuable work for years, although not formally on either the C.M.S. or C.E.Z.M.S. roll.

From Mrs. Cain's pen, and not from her own, we learn what valuable work Miss Graham was enabled to do by God's grace. Writing to our Clerical Secretary, in 1889, Mrs. Cain says:—

"God has been so wonderfully gracious in helping Miss Graham in many difficult cases. The different patients come with all sorts of diseases, especially the superstitious Kois, who think that the ancestral spirits wander over the hills with their guns and bows, shooting at their enemies with invisible bullets or arrows,

very terrible in their effects. These cases usually turn out to be inflammation of some acute kind. Some patients are said to be possessed with demons, for which, before the Dispensary was opened, they thought there was no medicine.

"A young Brahmin, whose brother had been frequently visited and treated when ill by Miss Graham, remarked to a native pastor, 'Now, at any rate, I believe the Christian religion to be the true one, for what but a great power could make that lady take so much trouble over our family? It is wonderful.'

"Miss Graham's room is next to the Dispensary, and people come at all times of the day. In the night, too, when anything bad is the matter, we hear a voice crying:—

"'*Amma, Amma* (mother, mother), we have brought a sick man'; or, 'A child is ill, we think it is cholera'; or, 'My child cannot breathe' (croup perhaps).

"The Dispensary has made wonderful opportunities for preaching, and when we think of the difficulty we had in getting people to listen when we first came up, and the numbers who come now, we cannot but rejoice, though the seed sometimes seems very long in bearing fruit. Last year there were over 3,000 patients at the Dispensary. Think how many that means who have heard something of the Gospel. For people seldom come alone, and sometimes many relatives will accompany the patient."

In 1901 the number of patients at the Dispensary rose, during the unhealthy season of the year, to 1,000 a month.

Miss Graham recalls her work thus:—

"I used to try, with rather poor success, to persuade the people not to come to the Dispensary before 9 a.m., except in the hot season. Often, in the morning, I visited in distant villages cases that had been represented to me as serious. As, for instance, when a

Kois came to tell me that someone had been crushed by a bandy, and assured me that the injured one was as flat as his hand. Sometimes, as in this case, my relief was great on finding that anxiety to induce me to come had led to a good deal of exaggeration.

"In the largest village, Dummagudem, about a mile distant, I sometimes visited about half a dozen houses in a morning. Until mid-day there was generally work at the Dispensary, treating patients, talking to them or other visitors, preparing stocks of medicine, &c. In the course of the afternoon or evening, or both, there were generally some more stragglers at the Dispensary. Sometimes there was night work.

"Although there is still plenty of prejudice as to the treatment of disease, it is decreasing, as was evidenced in the last outbreak of cholera, when the applications for medicine were numerous, in contrast to a previous epidemic, when they were comparatively few.

"The Kois women used to be very shy; now they have so much confidence in the Missionaries that they will come from considerable distances for treatment. One such was a young woman who was in constant misery owing to a tumour on her forehead. I was very unwilling to interfere with it, and tried hard to persuade her to go to the little Government Hospital, fourteen miles away, and near her own home. But she so absolutely refused that I felt I should have to do my best, and I was very thankful that I succeeded in removing it."

The Dispenary was built by donations from Australian sympsthisers, and up to the present time all the cost of drugsa has been met by donations from the same Colonies, and grants from the S.P.C.K.

When, in 1899, Miss Graham was obliged to relinquish her much-loved work, the native Christians spontaneously presented her with an address, of which the following extracts have been translated by one of themselves :—

"MADAM.—You came to this place in November, 1893, and have ever since treated us with great regard. But now it makes us very grieved to see you ready to go back to your native country. You really had no rest for many days during the last five years, and you neglected your comforts in trying to look after our comforts. We feel highly pleased with your conduct, and now render to you our many grateful thanks. . . When non-Christians came to the Dispensary for medicine, you not only gave them medicine to cure their bodily diseases, but also informed them, in a manner pleasing to them, of their spiritual disease of sin, the great danger to which they were thereby made liable, and the Heavenly remedy wherewith to cure it. . . . It is impossible to describe your kindness in having no care for your own hunger and thirst, treating the poor sick people who came to the Dispensary as if they were your nearest relatives, inquiring about their welfare and complaints, and giving them, not only the medicine they required, but also the things needed for their diet, as well as clothes, if they were really in need of them. . . . We request you to remember us always in your prayers. May God be with you!"

Khammamett, a daughter Station of Masulipatam, has long needed a Christian lady doctor resident among its suffering and neglected women. Miss Wells, who, as a trained nurse, has been able to treat thirty or forty cases a day at the Dispensary, which she opened while at work in India, has again and again re-iterated the plea for a fully-qualified lady physician and surgeon. Where major operations would perhaps save life, they cannot be attempted except by a qualified practitioner. In 1898 Miss Wells wrote:—

"I do plead with you for a medical lady for the Mahommedan women here. *Zenana* work among them is increasing, and they will never turn us out if our medical aid is skilful. I am only a nurse, and

though I can do something, I feel it is really wrong to attempt cases which need a good probationer's skill. Therefore I have to leave them alone . . . and many opportunities are lost of getting into houses which would be open in no other way."

The nearest *Gosha* Hospital is a tiresome, expensive journey for the wealthy, and for the poor an impossibility

The people's superstition and ignorance is well

Miss M. Longmire, M.B., Ch. B. Glas.

evidenced by their proceedings on a terrible outbreak of cholera in 1897, succeeding a severe famine. Worn out by the preceding months, the inhabitants of Khammamett fell an easy prey to the epidemic. The goddess *Mahaluksmi* was said to have visited the town, and demanded her bandy full of victims. Consequently the people at first made a great *tamasha*, *i.e.*, show, pre-

tending that they were pleased at the honour she had done them by coming among them. But as the cholera spread, they offered the goddess innumerable sacrifices —goats, fowls, and pigs—hoping to appease her. In the little town, on one day alone, it was said that 1,200 animals were offered. The most cruel device performed was to stick live pigs on spikes of wood outside the small temples, and leave them either to squeal to death or to be eaten by hungry dogs. *Mahaluksmi*, after a six weeks visit, promised to go away for a time, and her departure was celebrated with an even greater *tamasha* than her arrival had been. The Hindus made a clay image, fixed it in a decorated cart, and with a great procession took it down to the jungle. There they smashed the image, stamped upon it, and came back to the town to spend the night in feasting and drinking, with the result that cholera broke out more severely than before.

Miss Wells witnessed many cases where the "medical" plough first furrowed the soil which became good ground for the seed of the Kingdom. We have space only to mention one such case, described in Miss Wells' own words:—

"A low caste woman, from a village near by, came to me for some medicine for her baby. She seemed so interested in the Bible lesson that I told her she might come any day, even when baby did not need any more medicine. For two months she came nearly every day and went regularly to church.. When she returned to her village, she did not forget what she had learned in Khammamett, and, soon, both Subbacuma and her husband became, first, open inquirers, and then catechumens preparing for baptism."

Miss Blandford, in her recent book, *The Land of the Conch Shell*, has shown how interesting a sphere of labour is spread before the Christian woman Missionary in that remarkable Native State of Travancore.

Visits to Hindu houses and village work among the

poor soon convinced her of the duty of doing something for the sick and suffering.

Trevandrum, the capital of Travancore, is not an especially unhealthy Station, although subject to epidemics of small-pox and cholera, which spread rapidly. But, as yet, medical science is practically unknown, and the sick are at the mercy of untaught native doctors, whose great remedy for disease appears to be starvation.

Miss Blandford was enabled, through the kindness of the present Maharajah, to erect a temporary Hospital eleven years ago. It was merely a large house, made of bamboo matting framed in wood, its bamboo rafters thatched with dried leaves of the cocoanut palm. But it was a great boon to the suffering women and children who were admitted, and for whom, in the absence of a Mission doctor, a native apothecary prescribed.

There was some difficulty at first in persuading patients to stay long enough to effect a cure, but, by degrees, prejudice and fear alike vanished. Eight years ago, Miss Beaumont, a qualified lady doctor, educated in Madras, joined the Mission, and the success of the medical branch was assured. Upwards of 12,000 old and new out-patients would repair to her in a year, and, whilst waiting for consultation, would hear the Gospel message through a faithful old Bible-woman, who has only just gone Home to the Saviour she loved so well. Low caste people in such numbers pleaded for surgical and medical relief, that the matting house had to be turned into a Dispensary, and the workers resolved to build a small Hospital for in-patients in another part of the compound.

Contributions from the Maharajah and native gentry, and private gifts from friends at home, enabled the building to be erected free of cost to the Society, and a neat, convenient Hospital has been erected at a cost of only about £266. His Highness the Maharajah

opened the institution on July 24th, 1900, free of debt.

The centre ward contains six beds with iron spring mattresses sent out from England; two others in isolated rooms; and at one end is an operating room, divided by an arch from a smaller one in which anæsthetics may be administered. At the other end of the main ward are bath and other rooms. All cooking will be done in a separate building, to which a store room is attached The front has a good verandah, supported by wooden pillars painted dark red, and the roofs of both buildings are tiled. The Hospital is in a healthy situation and has been specially designed by the architect and a friendly doctor (both of whom gave their services gratis) according to modern theories of sanitation. The building has been erected on an unusually solid foundation, and great pains have been taken to render it strong, lasting, and attractive.

South Indian Girls.

Before the Hospital was in working order, a Brahmin woman, in great suffering, begged so hard to

be taken in that Miss Beaumont could not refuse her. Day by day, with God's blessing on skilful treatment, the patient improved, until she walked out of the building in perfect health, and with deepest gratitude that such a place for women of her caste had been provided. How far she really accepted the truth it was difficult to say, but she would constantly repeat what she had learned for the first time in the Hospital about the Lord Jesus Christ.

Miss Blandford has returned this autumn for another period of service in India, after her long sojourn there of thirty-nine years; and until her arrival the Hospital work was not in full swing. But in the autumn of 1901, Miss Beaumont wrote home that she was having as many as 140 patients in one day at the Dispensary, and had to send about twenty away, as she was quite exhausted, and could not "think very clearly after seeing that number." She is quite single-handed, and has only the help of a native nurse and two compounders, all trained by herself.

Trichur is an important town and Mission in Cochin, and stands at the head of the chain of canals and backwaters which run down the west coast as far as Trevandrum. The native State of Cochin is under British protection, and is a mighty stronghold of Brahminism, and Trichur is its most sacred city, its very name implying that it is "the country of the Holy Siva."

Into this city Miss Coleman and Miss E. Coleman quietly entered in 1881, bearing their Master's twofold commission to heal and to teach, Miss E. Coleman taking up the Medical Mission, and her sister the Zenana visitation.

At the little Dispensary at once opened, over 1,400 patients attended during the first year. Numbers went away healed, carrying Scripture leaflets in their hands, and the echo of "wonderful Words of Life" in their hearts. Suspicion gradually gave way to wonder, and

wonder to welcome. Homes, otherwise inaccessible, were thrown open to the Missionaries. A native lady of high caste, but very poor, could get no native treatment for lack of money wherewith to pay for it. She heard, from a friend, of the Trichur Mission fifty miles away, and travelled thither to be cured. Her recovery gave the Bible-woman entrance into many houses of the lady's friends and relatives in the city.

In 1892, small-pox and cholera broke out, and in the out-station, crowds, clamouring for medicine, would besiege the Trichur Missionaries. The courage of the native Bible-women was put to the test and never failed, since they would fearlessly go into houses where three or four persons were stricken down with cholera, doing kindly deeds and speaking words of holy cheer.

Very remarkable spiritual results have taken place in connection with the medical ministry in this place. Four of the Bible-women, all high caste heathen, first came to the Dispensary for treatment, and then placed themselves under Christian instruction in the Converts' Home, where they trained to become faithful winners of souls.

In the Trichur Schools there are now seven trained Christian teachers, all of whom were brought as young children by their mothers who came to the Missionaries for medicine, and afterwards forsook their idols for Christ. Prior to this, it had been impossible to obtain Christian teachers for the children.

As many as 4,000 patients are treated annually still, and itinerating medical work is carried on in the villages with good result. On one occasion, a Namburi Brahmin who had "greatly withstood" the Missionaries' words and work in one of the villages, asked if the missionary could give him any medicine for his eye which had troubled him for a long time, and to which native remedies had been applied in vain.

"I gave him some medicine," says Miss E. Coleman, "which quite cured the eye. He was so pleased

that he never opposed us again, but would receive the tracts we offered him, and on one occasion he asked for a Gospel, saying that he wanted to know more than the tracts taught him."

From India we turn to Ceylon. Dr. Samuel Green devoted many years to arduous labour among the Singhalese, that remarkably interesting people, not only treating many thousands of sick folk, translating many medical books, and training native doctors, but winning many hearts to accept Christ as Saviour. We cannot trace all the work being carried on to-day in the island as a result of his labours; but our special aim is to sketch Medical Mis ions among women as carried on by the C.E.Z.M.S in its Gampola Village Mission, humble, though they necessarily are, since no qualified doctor has yet been sent out through our Society, and the chief way of ministering to the sick has been by nursing.

Often the kind, sympathetic Government doctor will be called in, and under his direction the Missionaries will nurse the sick one, and, in doing so, open the door of entrance for the Gospel into many hearts.

In 1897, Miss Evelyn Karney opened a small Dispensary, which quickly was besieged by women sufferers of all ages, as many as thirty-five attending on one day; and immediately it was the means of opening doors for the Gospel. Here is a typical instance, given in Miss Karney's own words.

"A baby was almost dying of dysentry, and the doctor seemed to think its death imminent, but directed me to use very strong measures. We brought the baby to the bungalow, and, though we worked hard indeed at the medical part, I think prayer was even more used as a means of its recovery. The poor villagers came up and begged us to pray, and we all knelt down in the verandah and pleaded for the little life. Our prayer was granted, and when the wee mite recovered, the news spread that it was not medicines that cured

the child, but prayer. Through that baby two villages were caused to receive us with open arms. The village the baby comes from gives us a loving, appropriating welcome every time we go, and the father, I feel sure, truly believes in Christ, though he has not yet owned Him as his Saviour."

Superstitious and idolatrous rites are performed by the Singhalese with as much fervour as their Indian and Chinese neighbours exhibit. A woman, wasted and worn with fever, will present herself at the Dispensary for relief. A fever-powder is given to her, and she is told to rest and keep warm. Later on in the day, however, the powder is sent back. Just as the sick woman was about to take it she saw a lizard—a bad omen—so she has returned the dangerous concoction! So tortured with the dread of "ill-luck" are these otherwise intelligent people.

Devil worship and ceremonies are supposed to be efficacious, and parents of sick children will expend their energies upon them, while the little patients are neglected, or made to take the most nauseous potions. One of the ceremonies of devil worship is to take a cocoa-nut, squeeze out the milk, and mix blood with the remainder, which is offered as a propitiation for the sick.

A remarkable incident took place in the winter of 1898-9. Fever broke out in Murakdinia, some distance from Gampola, a train journey, and then some miles over what native waggoners describe as a "bullock-eating road." Miss Karney at once set off to the village, and spent the Christmas-tide in ministering to five patients in the one little mud hut which serves as a girls' school. There, with only a woman to help her, and to cook, she stayed until the women were out of danger. Such an act

Miss E. Karney.

as this was sufficient to break down the people's violent prejudices, and they became eager for the medicines given in God's Name. On Christmas Day, when our Missionary was walking through the fields, people were brought out from different villages, and laid by the roadside for her to treat.

The misery and neglected condition of the people when sick appalled the European Missionary, and by her urgent request, the Government afterwards sent a dispenser there. He was a Buddhist, however, and at first the hearts of the Missionaries sank as they felt their spiritual work might be undone. However, it quickly transpired that he was a young man for whom the Christians at Gampola had specially prayed, and who had long been under Christian influence. He went to Murakdinia, and gave out the medicine in God's Name and with prayer, and, in a few months, had successfully treated as many as 200 patients. In the end, God led him to Himself.

CHAPTER X

THE DOUBLE CURE

or

Hospitals and Dispensaries in China

The world needs nothing so much to-day as the life and love of Christ poured through human hearts and hands upon lives that are bleak and bare . . . . more living Christians with the mind of Christ, who will go about among men and repeat the lowly, blessed ministry of Christ Himself, giving themselves in personal, self-forgetful service.—*J. R. Miller, D.D.*

NOWHERE more strikingly than in China do spiritual results quickly follow temporal benefit derived from a Medical Mission Dispensary or Hospital.

It is true that paroxysms of fear, and distrust, and suspicion seize the people from time to time, but we have already pointed out reasons that account largely for fanatical outbreaks. On the other hand, those who have been treated, and especially those who have been received into the Christian Hospital, are living arguments for the beneficent results of the "foreign doctrine," and are potent agents for disarming and breaking down the prejudices of the people against its followers.

A remarkable cluster of spiritual converts, indirectly or directly brought to God through Medical Mission

agency in the province of Fuh-Kien, is to be found among the Christian worshippers in Kien Ning city.

The present Bible-woman and matron of the Women's Hospital, and her two sons, whose story we tell further on, were brought to Christ through the mother bringing one of them, when sick, to the Hospital. Previously, her terror at the idea of foreigners would have prevented her from coming near them, or giving herself one chance of hearing the

On the River Min.

Gospel. Through this woman, a whole family related to her were brought in—father, mother, and two daughters, now all steady Christians. Another family were won for God through the mother coming to the Hospital as a patient, and yet another by the recovery of a child's sight. A Kien Ning Mission schoolboy, converted while in the C.M.S. Hospital, has been steadfastly witnessing ever since in his heathen home; and another, with his sister, became a Christian owing to the sister and a younger brother being in-patients of the C.E.Z. Hospital, while one of the steadiest worshippers is a woman who first heard the Truth through the "Teaching Sisters," as the people call our lady Missionaries.

The native Hospital on the Island of Nantai, oppo-

Chinese Coffin Rest-houses. Bodies awaiting a "Lucky Day" for burial.

site Foochow, three miles outside the City Wall, built by the Commuuity people, has become virtually a Mission Hospital. Dr. Rennie, the physician-in-charge, gives the two C.E.Z. Missionary nurses full scope for influencing the patients. Every evening now there is a service for men in the chapel, and for women in the ward. The Dispensary, too, has become a Medical Mission. Pathetic stories of hearts yielded to God are narrated by Miss Barr, in her little book, *Ling and her Friend*, and she remarks that the light of the Gospel becomes so reflected in the faces of the converted Chinese that "it is always possible to pick out a Christian."

Miss Barr.

The late Mrs. Robert Stuart collected funds to build the Ahok Memorial Wing for women, and this is an especially interesting sphere. In 1897, God's hand of blessing was especially laid upon the quiet work which the Missionary nurses were carrying on, and seven or eight were preparing for baptism.

The number of women patients this same year increased by 142. Better-class women than before came in, finding that separate little wards could be allotted to them. Among the students, six came out boldly on the Lord's tide, and would testify at the little weekly meeting, which, begun in the Guniong's sitting room, soon filled the little chapel holding 100.

In 1898, Miss Chambers wrote:—

"We have had much to encourage us in our work. Our Hospital students continue to grow in grace and in earnestness. It is splendid to see the way in which they hold up Christ to the people, and their knowledge of the Bible often surprises me. Recently there have been four especially interesting baptisms in the villages. A village woman and her husband, the woman having first heard the Gospel in the Hospital; a bright young

boy, who, we hope, may be a preacher some day, and the wife of one of our students, converted from heathenism in our Hospital."

In July, 1901, the workers had the sorrow of losing the native Christian House Surgeon, Dang Hok Ling, after a few days' illness. His life and teaching had been greatly blessed to students and patients, and "he being dead, yet speaketh."

"A prayer and dream of years" has been the establishment of a C.E.Z. Hospital in Foochow City, which is now an accomplished fact, many friends having contributed towards it. In 1899 a large native house opposite the C.E.Z.M.S. headquarters in the city was secured, the situation being excellently convenient for our workers. This house was wonderfully capable of adaptation to meet the requirements of a Hospital, and to provide good accommodation for an English lady doctor.

"Long have we waited," says Miss A. B. Cooper, "for an English doctor, although work was begun in a small way by Daik Hok, a student trained at the American Hospital, and, later on, a C.E.Z.M.S. lady doctor, unable, for a time, to return up-country, resided temporarily in Foochow, and was able to do a great deal. But now (1901), a doctor for Foochow City Women's Hospital is, we hope, an accomplished fact, and we hope shortly to welcome her arrival."

The special object of this Hospital in the city has been to receive high-class women who would not so gladly go to an ordinary Hospital, even were there room to take them. The population of Foochow being enormous, this new branch of work is, not only necessary, but very important as an agency likely to further, in a remarkable degree, the spread of the Gospel.

At present only out-patients can be treated, but when the out-patient department was opened by Miss Mead, with the native medical student, Daik Hok, in

September, 1899, as many as eighty-five patients came during the first fortnight.

The two-fold healing of the women of Lo Nguong City, two days' journey from Foochow, began by a little amateur medical work by Miss Marion Hook, on her visits to the people. But, in 1896, she was able to develop this work so much that she started a little Dispensary, on Tuesday and Friday afternoons, at the West Gate, and at the old church near the South Gate of the city. The district of Lo Nguong, then, was the only one in the Province where there was no medical work going on, either by foreigners, or native students trained in the Mission Hospitals. There was no doctor nearer than Foochow.

Large numbers of women came and listened attentively to the Gospel message which always preceded the prescribing and dispensing. Many came great distances. During the first four months Miss Hook "doctored" about 1,000 sick people.

The fame of the Dispensary spread through the city, and invitations to the Missionaries came from some of the best houses, while wives of mandarins and women of the upper classes visited them. Twice Miss Hook was asked to go to the Yamen of the head mandarin to prescribe for the *Tai-tai*, or first wife, who had been suffering for twenty years from an ulcerated mouth, so that eating and drinking caused great pain. By God's blessing upon the simple remedies prescribed, the mouth healed up in a wonderful way, and other ladies of the Yamen, who had been ill, were successfully treated. As a natural result, these hearts, and many others, softened and opened to the Gospel message lovingly proclaimed and practically demonstrated before them.

Meanwhile, in 1895, the Station of Uong Buang was opened, four hours' journey from Lo Nguong City, and amateur medical work was begun there also, the women flocking to Miss Hook and Miss Cooper for relief whenever they visited the place. This continued

until the summer of that year, after which, owing to the sad massacre at Hwa Sang (see *Behind the Great Wall*), the Station was closed for eighteen months; but on resuming work, the need for medical relief to the suffering women of the district became more and more emphasized.

Miss F. Cooper, L.S.A., the first fully-qualified lady doctor whom the C.E.Z.M.S. sent to China, and who went out to the Lo Nguong district to follow up this Medical Mission work already begun, describes her plan of medical itinerating very vividly:—

Miss F. Cooper, L.S.A.

"Before my sister (Miss Blanche Cooper) went home in 1900, we took itinerating trips together. We started off in chairs, accompanied by our Bible woman and coolies, carrying one load of medicine and another of clothes and books. We sent placards on before us, in true Chinese style, to whatever village we intended to visit, stating the place and time of dispensing.

"On arrival, we went to the central hall of some native house, and obtained the loan of a room leading from it. Then, placing a table a little in front of the doorway, we laid out some of our bottles. The Bible-woman collected the women who gathered round into the small room, and preached to them while they were waiting, while the catechist spoke to the men crowded into the hall.

"After a short, preliminary Gospel address, I stood at the table, and, one by one, the patients came, paid their fee, 20 cash (equivalent to ½d. in English money), and received their medicine.

"Now that the first great excitement of having a foreigner in the city who 'knows diseases' has passed away, it is very difficult to persuade the women to come to a *city* Dispensary. They either cannot or will not

leave their houses. They will send their husbands or brothers to describe their diseases for them, but this does not help us to get hold of their souls! It is not etiquette for women to walk through the streets, and it is too short a distance from their homes to warrant hiring a chair. We hope by opening a Hospital from which men will be excluded to overcome their prejudices and these obstacles. However, we visit and prescribe for them in their homes, both in the country and the city.

"At one heathen village, we set up our Dispensary in the middle of a block of houses, and then we had a crowd of women. Arriving late in the evening, we had a good time with them, teaching and praying. The next morning, before six o'clock, we were aroused by some of the women tapping at our door, crying, 'I want to have my pulses felt!'"

As a preliminary step towards getting hold of the women, men-patients have, sometimes, to be prescribed for by the Missionary doctor. A young man, from a village seven miles from Uong Buang, came to consult Dr. Cooper for a badly poisoned hand. On his recovery, he invited the ladies to his village, and obtained for them a quiet hearing from a crowd of women, who afterwards led her to see sick relatives, whom they lovingly pointed, for the first time, to the Great Healer.

The much-needed Hospital for in-patients in Lo Nguong, although completed in July, 1900, could not be in working order until this autumn, on account of the withdrawal of the lady Missionaries from all Stations in Fuh-Kien, except the treaty port, Foochow, owing to the Boxer riots. Dr. Florence Cooper sailed this autumn (1901) to take charge of it, Miss Lamb, a trained nurse, following her in January.

The Hospital is planned and built in native style, except that ventilation and cleanliness are provided for! The building, raised two feet from the earth, is built

around four sides of a central court, in which will be flowers, bamboo trees, and a well, in course of time.

The wards are all small, the largest containing only six beds; but twenty patients can be comfortably accommodated, and the Hospital can be easily enlarged at any time. A verandah on three sides of the building keeps the wards cool, and provides a delightful place in which the women may lie or sit. This style of building secures perfect privacy to the women from the gaze of outsiders, and will remove their fear of being seen by men, which might deter them from entering the Hospital.

At Sa-Iong a small Dispensary was opened by Miss C. Baker, in 1898. Women from the Women's School took it in turn to keep the door of the consulting room (that the patients might not follow their inclinations of storming the Guniong all together), and to preach Christ to the waiting crowd. As a result of this work, one village, which was hotly opposed to "the Doctrine," admitted two Christian teachers, and allowed them to give their testimony in every shop in the place.

One poor woman travelled eighteen miles to the Dispensary to have some terrible abscesses in her heel dressed. Her family were all heathen, and she said that the Gospel had never been preached in her village. She proved a grateful patient, and a ready listener to the "old, old story," so sweet to ears that have never heard it before. "The words are good indeed," she would remark, "I will believe them."

In 1899, when on an itinerating tour, Miss Codrington had a warm welcome at Doliong, a large market town, and a very anti-foreign place. This was chiefly owing to an act of kindness shown to a woman who had come to the Dispensary the year before, and whom Miss Baker had passed on to the native Christian doctor in the city, who effected a cure, and also led her to Christ.

When, on Miss Baker's marriage, Dr. Mabel Pantin took up her work in December, 1899, she found herself, to use her own words, "in possession of a large and flourishing practice."

"Miss Baker has done marvellously on the least possible amount of material. I found her using brown paper for oiled silk and string to fasten the dressings. Permanganate of potash might be had almost for nothing, and all her results with it were splendid. Though we had only an out-patient practice, we managed to take in, for a while, three resident patients."

In June, 1900, the Medical Mission work stopped for nine months owing to the Boxer insurrection, and "call down" of the ladies; but in March, 1901, Miss Hubbard re-opened the Dispensary at Sa-Iong, and Dr. Mabel Pantin was transferred to Kucheng, where a Dispensary was opened in the new Mission House of the C.E.Z.M.S. (built in place of The Olives, destroyed by fire). There, in the large compound, the Schools for boys, girls, and women, the Foundling Home, and the foreigners, and, beyond it, the American Girls' School, the Leper Asylum, the Christian Chinese, and the heathen public were a sufficient "round" to keep a doctor's practice from growing rusty.

Miss M. Pantin, L.S.A.

Numbers of cases "came from far." One took a two days' journey to see the foreign doctor: and even a mandarin, a veritable centurion, having rule over 100 soldiers, came in his chair and paid the shilling fee for medicine to cure his disease, "no exalted complaint," remarks the doctor, naïvely, "but the bronchitis of old age, pure and simple."

Dr. Pantin and her fellow workers are cherishing the hope that, before long, funds may come in to build a Hospital in Ping Nang, that huge district—400 miles

in extent, with its teeming multitude of unevangelized heathen—to which she has been specially appointed.

At Dang Seng, Miss Dopping Hepenstal, though not a fully-trained nurse, found much that she could do, even while learning the language, to help the suffering women all around. In one month as many as two hundred patients came to her for relief.

One woman, a complete heathen, declared that if the Guniong could heal her she would worship God. It was a very simple thing that was wrong, and in about a week she was cured. She immediately began to attend the service regularly, joined the weekly Bible class, and brought others with her. The Spirit of God had arrested and drawn her to accept the true doctrine.

Kien Ning Prefecture is the central northern prefecture of the Fuh Kien Province. It is about the size of Wales, and contains seven counties, thousands of villages and countless inhabitants. Ten years ago there were not more than five women who could be reckoned as daughters of the King. To-day that number has increased ten-fold, and they are gathered in centres for worship and teaching in even the once bitterly-opposed Kien Ning City. Again we trace the beneficent influence of Medical Mission work.

Miss F. Johnson.

The beginning of women's medical work among women there was by Miss Frances Johnson, a trained nurse, in temporary quarters at Nang-wa, a day's distance from the city, while a branch of the C.M.S. Hospital was in that place. But when, in 1894, that Hospital was moved to its present quarters a mile outside Kien Ning City, it was not convenient to have the patients in Nang-wa; therefore, at first, some rooms in a house in the Hospital compound, which was built for the native employés of the Hospital, were arranged as a temporary Hospital for women. So many

patients, however, begged for admission, that steps had to be taken quickly to erect a new building. In answer to prayer, and without any special appeal or collection, funds came in. The first sum towards the great need was most unexpectedly forthcoming from a legacy of £20 left by an old lady, "To be used for the Women of China," supplemented by £5 from a relative who had consented that the executors should apportion it to the Women's Hospital at Kien Ning.

English and Irish friends do not need to be told how greatly blessed this little institution has been as the birthplace of souls. During the first year of its existence, eighty-one patients were admitted. Many of these are now witnessing for Christ in heathen homes in distant villages, where, but for them, the Light would not have penetrated for years to come.

A brief description of the building and its work must follow.

Our Kien Ning Women's Hospital, "Seven Stars Bridge," is built on the highest part of the C.M.S. compound, which is situated on a hill, by the banks of a broad river, about a mile outside the walls of Kien Ning. Between it and the city stretches a sandy plain, covered, according to the time of year, with crops of wheat, melons, or turnips. Along the riverside runs the road, southwards towards Kien Ning, and northwards to Kiang Si, and—if one followed it long enough—to Pekin! It would probably take some months to go by that route; nevertheless, in days gone by, before foreign steamers plied between Foochow and Shanghai, this was the only road between Canton, and South China generally, and North China. Even now it is a busy thoroughfare, affording plenty of variety and interest to the Hospital patients in the verandahs.

Bands of soldiers, with trumpets braying, and red flags surmounted by a bunch of horsehair on spear points; mandarins in chairs, carried by four or five coolies, and attended by an escort mounted on ponies;

bridal and funeral processions; farmers carrying their produce into the city, or bringing their purchases back; wheelbarrows laden with bales of cotton cloth from Kiang Si, or with little girls to be sold as slaves; all these contribute to a ceaseless stream of passers-by.

Processions and wayfarers almost always stop to rest in the rest house at the gate, from which the Hospital gets its name, Five Li Rest House, or Seven

Seven Stars Bridge Women's Hospital, Kien Ning.

Stars Bridge (though the bridge is wanting!) and many turn in to see and hear, especially if there be a sound of singing in the hall of the C.M.S. Hospital near the gate.

The situation is a very healthy one. A steep path leads up to our Hospital, a long, low building, crowning the hill. Higher ground rises further beyond, and a vast expanse of wild hill-side stretches away for miles. The back wall of the building is of earth, resting on a stone foundation: but as it is built on the side ot the hill the front is supported on wooden pillars. It has the appearance of being two-storied,

but the lower part can only be used for stores of wood, and a wash-house. At one end of the women's Hospital there is one ward on the ground floor, holding five or six beds, and as it is quite separate from the other wards, it is often used for isolation purposes, or for a case in which the husband is nursing a sick wife, or for men visitors who come from a distance to visit their sick relatives. The Missionaries' own house is on a line with the Hospital, with a door between.

There are nine wards, altogether, and as many as twenty-five patients can be received, although, hitherto, only fifteen at a time have been nursed. Seven small wards, 12ft. by 12ft., each holding two beds, open out from the central passage; and the doctor's consulting room, where, also, medicines are dispensed and surgical dressings are performed. In the guest room, 24ft. by 12ft., morning and evening prayers are conducted, and the women are assembled for service on Sunday, and teaching in the week day. On the side facing the river runs the verandah, a very favourite resort of the patients in fine weather.

A staircase from the verandah leads down to the kitchen premises, the matron's kitchen and bedroom, and one small ward, used for patients who cannot easily walk up and down stairs. The steep hillside is a drawback to the Hospital, yet the site had to be taken from necessity, and not from choice, no others being available, and the inconvenience is cheerfully borne by the workers. In the same spirit, too, they accept the disadvantage of the Hospital front door leading through the kitchen. As a matter of fact, it renders the Hospital homelike to the patients, who are comforted immediately upon arrival to find themselves in a kitchen! and here, and in the small verandah outside, where they may wash their clothes, all patients who are not too ill, and so compelled to stay in bed, may usually be found.

The walls of lath and plaster are whitewashed with

a light-blue tinge; the floors are stained and varnished so that they may be kept clean. The beds are wooden trestles and boards, furnished with wooden frames for mosquito nets, and straw mattresses, made of wisps of rice straw laid side by side, and laced with straw cords. As the mattress is several feet longer than the bed, one end is rolled up to form a bolster. Over this a straw mat is laid, and a thick, 1½-inch quilt of cotton wool suffices for bedclothes. Each patient has her own little cupboard and chair; and very often brings her own round leather pillow with her, or a sort of bamboo frame which acts as a pillow.

The ordinary diet consists of rice and whatever vegetables are considered suitable. Those who can afford it bring their own rice. If they are well-to-do, they will buy any accompaniment that they fancy, and is allowable. But, as most of the patients are poor, they seldom bring anything but rice, and all other nourishment, such as milk (condensed), chicken or goat-mutton broth, and bovril, &c., have to be provided for them.

There is no caste in China, and very little class distinction. Most of the Kien-Ning patients are the relatives of farmers, and farming is considered a highly respectable employment. On one occasion, a lady of the mandarin class came in for opium cure. Although she kept chiefly to her own room, she would often chat with the other patients in most friendly fashion.

The things which strike the Chinese patients on entering the Hospital are, perhaps, the cleanliness, the peaceful atmosphere, and absence of quarrelling, and that the foreigners and native helpers do things for them which their own daughters would consider too menial or disagreeable. It is amusing to see the puzzled, watchful gaze at every turn and action which those new-comers give who have heard stories of the foreigners' atrocities, and have ventured in only because some relative has been cured, and has told

them it was quite safe to be in the Hospital. For a few days they do not cease to expect something terrible to happen, and keep a nervously anxious eye on the foreigners. But soon their confidence is gained, and they settle down, perfectly happy. "Why are you so afraid at first?" the Missionary will inquire, and the reply will be, "The people of our village told us that, if once we got into this house, we should never come out again; you would take out our eyes or collect our bones to make medicine of them." One cannot help admiring their courage under such possibilities! The absolute honesty and truthfulness, the trustworthiness in every particular of the good little Bible-woman who acts as matron, is also a very great surprise to them; for at first, together with the Hospital cook, she has to suffer from the suspicion of the patients. Heathen women, as a rule, never trust one another, but expect that everyone will pilfer when they get a chance, as they do among themselves.

A day's routine in the Seven Stars Bridge Hospital has been sketched for us by Miss Johnson:—

"After breakfast at 7.30 a.m., prayers are conducted by the Hospital matron in the guest room: and at 9 o'clock the patients who are able to be up gather in the Dispensary for medicines or dressings; after which we attend to those unable to leave their rooms, and the doctor comes to attend and prescribe for any special case. Then we go round the premises to see that all is clean, and the rest of the time until noon is spent in teaching the patients individually and collectively.

"In Kien Ning, we may remark by the way, we dare not venture on any very strict rules with regard to hygiene and tidiness, or we should have no patients come to us! In our region they would not appreciate spring mattresses, or sheets, although these are used in Hang-chow and elsewhere.

"Dinner is at 12 o'clock, followed by administration of medicine, and more teaching. Frequently, how-

ever, the patients have visitors in the afternoon, and then often there are good opportunities for sowing Gospel seed. Bands of women, from the neighbouring villages, like to wander all over the Hospital, and especially the foreigners' rooms! If for any reason that part of the show is denied, it causes great disappointment, if not offence. Sometimes the visitors are very suspicious, and want to find out the underground caves where we bury the children that we kill! Or they wish to investigate the roof, for when they see a ceiling they think there must be a loft above, as in Chinese houses the rafters are always visible, unless there be a loft.

"There are generally two of us at the Hospital; one is in charge, and the other either studies, or visits in the city or villages with a native Christian woman all the afternoon. Sometimes both Missionaries are able to go together, leaving the matron Bible-woman in charge of the patients and guests.

"'Tea' at 7 p.m. means, for the Chinese, 'rice'; after which the patients come to us for medicine again, and any treatment they require. The evening 'medicine time' closes generally with a free and easy social hour, and the children, of whom there are generally several, have great fun, to the amusement of the grown-ups, who sit or stand about, chatting merrily. We do not find that it lessens their respect for their teachers to discover that they can laugh and joke sometimes—in measure, of course. It often tends to make the new-comers feel more at home with us, and to realize that we are not so unlike themselves after all. It helps us, too, to get at their inner thoughts and feelings, and to break down prejudice against the foreigners.

"Evening prayers, at 8 p.m., generally last an hour. No patient has ever objected to come, although they do not always kneel at first. Sometimes, after the address, we invite some of the Christian women who

may be present to give a testimony which will be helpful to their heathen sisters. On Saturday evening we have a prayer meeting among our Chinese Christians. There is no difficulty in getting them to take part; even children are quite willing to pray, and they find that these are real times of spiritual help.

"After prayers we go round the wards, to see and attend to those who cannot leave their beds, and, perhaps, to have prayer with them individually. The lamps in the Hospital are out generally by 9.30 p.m.

"Sunday is quite different from other days. Almost always the patients who can do so are quite willing to attend the Christian service, and file down in their special Sunday toilets, at 11 o'clock, to the hall of the Men's Hospital, fifty yards distant, where it is held. The women patients and their 'Teaching Sisters' have a special place assigned them, screened off by curtains. Very often a group of women visitors will come, too. In the afternoon we hold a simple service for our women in the Hall of our Hospital; and in the evening we have hymn-singing, which, although the Chinese are not musical, they greatly enjoy.

"Sometimes on Sunday we are visited by old patients who have begun to worship, and who come from, perhaps, two miles off—a long distance for Chinese women to walk."

God vouchsafes His servants much success in their healing art. Some quite remarkable cures have been effected in this little Hospital.

A poor woman with a very sad story came in not long ago. Her only child had died. Her husband, a gambler and a very bad character, finding that she was threatened with epilepsy, sold her to another man, who, when he found he had been imposed upon with a bad bargain, beat the poor woman, and his mother did the same. She became paralyzed, and they then returned her to her parents. Her brothers brought her to the Women's Hospital, and her old, deaf mother

accompanied her and attended on her most devotedly. It was touching to see their affection for each other, and their gratitude for all that was done for them.

She was truly a pitiable object. Paralyzed in the right arm and leg, and distorted in the face, suffering from epileptic fits, and unable to speak, or hear, or understand, she was carried in almost like a living corpse. The doctor despaired of even slight recovery. Yet, within a month, she had regained the partial use of limbs and senses, and in three months' time she was able to walk out of the Hospital, carrying her own belongings to the chair waiting for her. The Chinese, as well as the Hospital workers and patients, were fully convinced that her miraculous recovery was in answer to prayer.

Although she spoke rather incoherently, and had not much intellect, at a very early stage she learned to say aloud, "God, Father, make my arm well," and gradually understood the meaning of forgiveness, and asked for it in prayer. It was very sad to know that she must go back to a life of trial, and probably unkind treatment; yet a joy to realize that the imperishable seed of the Kingdom had been safely lodged in her sad heart.

At present there are no native nurses; no one yet suitable for training has come forward; but it is hoped that the way may soon open to train the wife of a medical student. The Hospital Matron will often come on night duty and assists in nursing serious cases who have no relative, or only an incompetent one, to be with them. The Missionary-in-charge, Miss Frances Johnson, who is a qualified nurse, and her fellow worker, Miss Gardner, undertake the cases and treatment themselves.

"We have great cause to be thankful to God," wrote Miss Johnson, in 1893, "for the treasure He has given us in our earnest and devoted Bible-woman. She throws herself heart and soul

into winning souls for the Master. She loves the patients, and does things for them that are not really her work, and that no outsider would do for any money, and puts up patiently with all the trouble they frequently give her. She has a wonderful knowledge of the Bible, and is very plain-spoken with the patients in dealing with them spiritually, as a prayer of hers once showed, the subject of it being present. 'O God, change the heart of this woman from my native place; she has been here three Sundays now, and her heart is as dark and as frightfully dirty as ever!' The patients never seem to resent it, but, on the contrary, she is beloved and respected by all who come in."

In 1898 she was called up Higher, and entered into the joy of her Lord, leaving a gap behind hard to be filled.

"If you heal this I will worship your God" is an every-day remark. Of course, such a motive is declaimed against; still, does it not show that the power of God is being recognized? especially when the following is added: "We have tried the idols, and they are of no use."

"Many come and go, and accept what is done for them as a matter of course, upon whom no apparent impression is made," says Miss Darley, who, in 1897, joined the Kien Ning workers, and she continues, "The reason for this in some instances may be that the 'sent ones' are a little out of touch with their Sender, and therefore His life in them is not as brightly reflected as it might be. Oh, to enter with fuller measure into the spirit in which Jesus said, 'I have compassion on the multitude,' for it is the love of Christ which constraineth, and breaks into the dark, loveless lives as something wonderfully new and beautiful." But there are many and constant testimonies to the fact that this prayer, breathed in humility, is being richly answered. One or two incidents must suffice.

In the summer of 1900, an elderly woman (one of the last patients before the Hospital closed owing to the troubles in North China) was brought to Christ. Though disappointed by hearing that her complaint was incurable, she rejoiced that she had come to the Hospital to find spiritual healing. "If I had never been ill," she said, "I might never have heard about Jesus. In heaven I shall be quite well." As she had not had the test of a return to heathen surroundings, it was considered unwise to baptize her; but in her house, two days' journey from the Hospital, the Catechist found her quite unshaken in faith, and glad for him to read and pray with her. She gave her relatives directions that nothing idolatrous was to be done at her funeral, and that no priests were to be called in to conduct her soul through the purgatorial regions of the lower world; but that she should be buried as a Christian. Her husband respected her wishes, and when two months afterwards she passed away, he invited the Catechist and Christians from the next village to bury her with Christian rites.

A vivid light is thrown upon the dearth of labourers in the Kien Ning district, when we learn that in this case, only one out of many others, the convert could not have the privilege of Holy Baptism. There is only one native ordained deacon in the district, and he is not authorized to administer Baptism, and the one European clergyman has charge of a district which takes at least four days to cross in each direction.

One afternoon, only two years ago, a crowd might have been seen gathered round the door of a house in the suburbs of Kien Ning City. Inside, a woman was sitting covered with blood, which two or three medical students were trying to stanch as it flowed from a deep gash in her arm down to the bone, and a cut in the side of her face. The bystanders were full of concern and surprise at the calm attitude of the patient, who uttered no cry or word of revenge, but, who, all

the time her wounds were being dressed, was urging the people to accept the Saviour.

"Do not be sorry for me. I have no pain, no fear. God is so good to me. It is you who are to be pitied. If you would only believe and worship my God. Two years ago, when I was like you, I should have been terrified if this had happened, and should have cursed the man who tried to kill me, but now I am only sorry for him. I thought the next moment I should be in heaven; all fear was taken from me."

She had been on her way to a village to help in telling the Good Tidings, when she was attacked by a mad fanatic who announced that he had been commissioned by some deity to murder those who were teaching the foreign doctrine. Happily, her life was spared, and she is more earnest than ever in seeking to lead others to the Saviour. But how was she herself brought to Christ? Not quite three years before this incident she had passed along that same road, taking her sick child to the Hospital to try what foreign medicines could do, as a last hope, and in great terror of facing the foreigners. The child's life was restored, and the mother was spiritually awakened. Gradually the light broke in, revealing to her how many things in her life must be faced and changed; but she was led "in triumph" through all. She delights in visiting, and is on fire to win others for Christ—her testimony is so bright and simple that it always makes an impression. Her elder son who, at first, opposed, is now as "hot hearted" as his mother, a very, bright and earnest Christian.

One more instance of how the Word of God grows and multiplies through their much-blessed medical work by women amongst women in far Kien Ning.

A girl of eighteen was brought into the Hospital. She had never once heard the Gospel. Her heart was touched, and she begged her husband's consent to worship. His answer was, "Anything you like, so long

as you get well." She unbound her feet as a testimony that she belonged to Christ; and when Meng-Ngu returned home it was to lead such a truly consistent life, that an attentive interest was won for the Missionary's first preaching in that village where the young Hospital patient was the only Christian.

So far there have been few out-patients at the Hospital, but Medical Mission work is opening in villages around. Ciong Bau, about ten or twelve miles from Kien Ning City, is quite a small place, but a good centre for several large ones. Doctoring was carried on in a small way for a few months by one of our Missionaries, Miss Darley, during part of the time spent in learning the language. From the healing of some common complaints with simple remedies, a reputation grew which gave three to four hours of steady work in a day; and here, too, there was the inevitable spiritual blessing.

"If I worship God," said an old woman, "my daughter-in-law will scold me. She will cook me no dinner, and I shall not be able to live with her." But one day a terrible calamity overshadowed the household. Someone whispered that the sore leg from which the daughter-in-law had been suffering for six years was leprosy. Then the "foreign sisters" were resorted to, and they decided it was neither leprosy nor yet incurable.

"The joy in the girl's face," says Miss Darley, "when she found the daily dressing was to be undertaken for her, will not easily be forgotten. It was amusing and pathetic, too, to hear her relatives asking anxiously, day after day, 'Is there pain yet?' (for there is no sensation in the part affected by leprosy), and then when the first feeling came, most heartily congratulating her. 'Very many thanks, pain has come, foreign medicine good exceedingly.' Before her full recovery, this patient had yielded herself wholly to

the Saviour, and the old woman also worships, no longer hindered but encouraged by her people."

It was not to be wondered at that Satan should not allow such a stronghold of bigoted superstition as Kien Ning City, and such a valuable territory as Kien Ning district, to be invaded by soldiers of the King of Kings without a struggle. During the spring of 1899, the people began to be roused and maddened by awful reports of the foreign missionaries and their doings. The body of a murdered little boy was found outside one of the city gates, and the death was attributed to the foreigners, as also two were other murders which had taken place in the neighbourhood. The whole city and district became quickly seething with fear and hate, and rioting began. The mandarins soon proved unable to cope with the mob, and the Christian missionaries had to flee for their lives; yet their testimony was of God's keeping them in perfect peace "from every shade of fear or unrest." At seven o'clock in the morning, after a night of uncertainty and suspense, not knowing whether or on which side the mission premises would be attacked, the ladies and some native women started for Foochow by boat, Miss Darley, in a private letter from Foochow, on July 19th, says:—

"Oh, leaving was dreadful! Dr. Rigg, Dr. Pakenham, and some of the students, standing on the beach helping us off with, humanly speaking, almost nothing between them and a violent death. And then leaving our deserted hospital, which God has so blessed. Just as we were putting off there were shouts from the doctors, 'Hide yourselves inside,' and, sure enough, several boats out from the city were close upon us; but we were going quickly down the river, and the men only yelled at us. That night we got safely down to the Hospital at Yen Ping, where no rioting has yet taken place. We had to wait there till mid-day for another boat to take us on, and all that

morning boatloads of fugitives—Dr. Riggs' students' wives and children—came down from Kien Ning, each bringing a worse account, but each one, thank God, saying the same thing, "No fear inside; heart all peace."

Happily the Seven Star Bridge Hospital was not destroyed, although the City Mission House was fired and burnt out within a few hours of the outbreak. To Dr. Rigg's prompt and active organizing, under God, our Missionaries and the native Christian helpers owed their lives.

Subsequently to this outbreak came the Boxer rising in North China, and the recall home of most of our China Missionaries. What an intense trial it was to them to leave their beloved people and desert their new converts, is partly gauged by those who have met them while on enforced furlough. Each one has echoed the words of a sister Missionary who wrote home thus at the beginning of the trouble:—

"Will you do all in your power to keep this from turning anyone against our Chinese or against Missions? God will reign in the North West yet. The work is His. He loves it a million times more than we can. The people have been worked up to this pitch from underneath—no one knows how. They are to be pitied, not blamed. They are genuinely afraid of us, so of course want to get rid of us by any means. You do not, cannot know, how we love the native Christians and how they love us. They are true, real friends. Some of them put us to shame. It is so hard to wait for news of them. It is the new ones who have had so very little teaching, and everything to hinder them for whom my heart most aches. Oh! pray with all your might that this may soon settle down, so that we may go back as soon as possible!"

A fervent response to this pleading request came from the Church at home. During the memorable year 1900-1901 more prayer arose for China than in

any previous twelvemonths ; and as we write, the outgoing passages of our China missionaries have been

Little Patients on the steps of a Mission Hospital.

taken, and they are about to re-occupy in Christ's Name territory that has been baptized and consecrated with the blood of a noble army of martyrs.

CHAPTER XI

NATIVE NURSES AND *NATIVE NURSES*

or

The Training of Native Women

"If Asia is to be won for Christ, it must be through Christian Asiatics."

ALL that we have said in earlier chapters has surely gone to prove that our Heathen and Mahommedan sisters have little or no idea of nursing one another in times of sickness. They lie untended between life and death for all that they can do for each other in the way of ministration; and the patient, on her hard mat in a close, foul-smelling room or out-house, will usually be expected to do every thing for herself, and to require little attention. One of the earliest duties of our Medical Missionaries is to try to instill into the women's minds some ideas of right treatment of the sick.

In our sketches of the various C.E.Z. Hospitals and Dispensaries, we have merely touched lightly upon that most promising branch of our agencies, the training of Native Nurses. In this closing chapter we will glance at it more fully.

Again and again reference has been made to the assistance which is being given to our Missionaries in India by young Indian women, than whom, where

fully equipped, no better agents can be found, and who, possibly, in time will supersede many European workers in the field. Much larger spheres will be open to them, and their influence and conduct must tell more powerfully with their countrywomen than that of the foreigner. When Hindu and Mahommedan women can have constantly before them women of their own

On the River Min, Fuh-Kien, China.

nation who are leading Christ-like lives, they will know that it is Christianity which makes the difference.

But it must be remembered that this ideal state of things is still very far from being realized. A much longer, a more patient, as well as careful and strict training is necessary in order to make our Indian sisters as efficient as our own countrywomen. They inherit, as a rule, defects conspicuous in Oriental character which militate against accuracy, promptitude, and activity. They have inherent faults and failings to overcome which are as binding upon them as second nature. Order and method are, not only unnatural to the Eastern mind, but are difficult to be appreciated by it. For example, a young native nurse-in-training will assert that she has given a patient her medicine if she puts the powder into her hand, although she knows perfectly well that it was thrown away and was not

taken; and an older woman, a matron, will listen to the nurse's statement, and not correct it. Yet, by God's grace in the student's heart, and patient, firm training on the part of the European in charge, these faults can be and are being overcome. Not only are Indian women to-day efficient nurses, compounders, and druggists, but assistants and physicians, holding responsible positions, and carrying on successfully the work of two-fold healing among their countrywomen.

Continually it is demonstrated that Indian womanhood, under Christian influence, is able to be relied upon, not only for the routine work of the Hospital ward, but to meet the gravest emergencies. The saying is true, "It requires but the application of Christian truth to the heart, followed by thorough professional training, to make strong characters of any people."

If lady doctors are required, and competent nurses and dispensers to assist them, who can be so well fitted for the task as the women of the country? For they do not need to begin in mature life to grapple with a strange climate, an unknown language, and baffling social customs *plus* foreign modes of thought.

One of the oldest and most important training grounds for nurses is that at St. Catherine's Hospital, Amritsar. From that institution, young Indian medical evangelists have gone forth to be the right hand of many a Missionary in the field.*

As early as 1884, the training of medical students began to prove most successful. It was no small matter that of all the thousands of prescriptions made up, the ladies in charge of the work never had to dispense one themselves: also that all Hospital stores, linen, dressing, and other routine work was entirely taken off their hands. These pupils were trained in all the habits and ways of Missionary work and entered

*This School for Medical Students has ceased to exist, and nurses only are receiving training at St. Catherine's.

very enthusiastically into all efforts made to win and to teach the patients, taking their part in the Sunday School and in the daily reading and singing to in-patients, &c. Miss Hewlett wrote thus to friends at home in reference to this interesting and important development at St. Catherine's :—

A Lesson in Compounding.

"It cannot but be that native young ladies thus trained will find a very hearty welcome among their fellow-countrywomen, and we would ask the prayers of friends at home that their present and their future may be greatly blessed, and that they in their turn may train up others, and establish Dispensaries for the help and comfort of the women of India."

We have seen and are constantly witnessing how these prayers and anticipations have been abundantly fulfilled. Yet all the "raw material" sent in subsequent years to this training ground has not been of the finest calibre. In more than one case a girl was sent for training because "good for nothing else"; which expression, as Miss Hewlett dryly remarked, "so uncomplimentary to the noble profession of nursing would be rather trying for head lady nurses to hear, did they not know how very often 'good for nothing-

ness' gets expelled by training and work." In 1900, a report could be given that several nurses had been passed on to work elsewhere, two of them being placed under Miss Basu, at Ajnala—Miss Basu herself having also been transferred from St. Catherine's early in the year.

The value of such trained women helpers to the European lady doctor cannot be exaggerated. No one woman should be expected to undertake the duties of surgeon and physician, chloroformist, dispenser, and nurse combined. Besides this, her own labour and influence are multiplied enormously when her assistant, a nurse, is a sister thoroughly in sympathy with her in her desire to win the souls of their patients to Christ.

Public sentiment in favour of women becoming medical students is being created and is an established thing in many of the cities of British India, and there are many girl students already in Medical Colleges. Lady Dufferin's Association's first aim is medical tuition, and her scheme is to train large numbers of women practitioners. But its avowed principle is philanthropic and not religious; and missionary training is cut off in all its institutions since it binds all associates not to speak to others on the subject of religion. Moreover, the atmosphere and surroundings of the students' boarding houses, mostly occupied by girls from homes where a low code of morals obtains, are undesirable. All honour to those Indian families of good position who, although non-Christian, hesitate to allow their daughters to study medicine in company with native men students, or to attend lectures given by native men.

With the desire of educated Christiau girls in Mission Boarding schools to adopt the medical or nursing profession, and to qualify themselves for Medical Mission work, the great need arose of a Christian Women's Medical College. For the companionship of Heathen and Mahommedan men and women students,

together with the entire absence of all Christian teaching and influence, resulted so frequently in moral and spiritual failure that few of those who entered the Government course of study were, after its completion, fit or willing to take up Mission work. And the heads of the large Christian girls' schools had come to the decision that they could not in future allow their students to accept scholarships at the Government Medical schools.

In 1893, the idea of founding a Missionary School of Medicine in North India occurred to Miss Edith Brown, M.D., who has since been appointed as its first Principal. A permanent Committee was formed as an outcome of a conference of fourteen Medical Missionaries, representatives of seven Missionary Societies. In 1894, the C.E.Z.M.S., in committee assembled, passed a resolution in which they cordially approved of the establishment of such an undenominational College for the training of women and girls, and although unable to give any grant towards it, were prepared to arrange for the payment of any students' fees whom they might from time to time send to the college for training.

Ludhiana, as being the oldest scene of interdenominational Zenana work, was chosen as a site for the school. There is a large Hospital and Dispensaries, two of which are outlying, and the school itself is a large building in the Mission compound. Special contributions came in, and the institution was launched amid the gifts of many friends, among whom the Missionaries themselves rank first—always the first to give! Medical books and chemical apparatus came from the London School of Medicine for Women together with the promise of the gruesome, but indispensable, gift of a skeleton. The school started with seven girls, all learning nursing, and bid fair to prosper.

Since then the progress of the School has been very rapid. The students are, not only thoroughly trained

medically by a competent staff of fully-qualified lady physicians, but they have regular Bible study and are prayerfully encouraged to become earnest and whole-hearted Missionaries, who will seek the salvation of their patients. The first Rule of Admission runs thus:—"Candidates must be decided Christians, and those holding Scholarships must undertake to work in

A Ludhiana Staff Nurse and her Little Patients.

some Protestant Mission to the Heathen after the completion of their course of study."

As many as forty girls are received at a time, and are being trained under five lady doctors and two English hospital-trained nurses, to become doctors, compounders, and nurses. The course for Hospital assistants covers four years, and that for compounders and nurses lasts two years. It argues well for the future to see these girls of different nationalities (for the students come from all parts of India) working so harmoniously over anatomy, physiology, chemistry, &c.,

and in the Hospital over dressings and other in-patient work. The course of instruction is given both in English and Urdu, but all the more educated girls know English very well.

No fewer than fourteen students with various qualifications, and some having obtained Government diplomas, passed out of the School and were located in different Mission Stations during 1900, one being appointed to an important post as helper in connection with the C.E.Z.M.S. at Sukkur.

There is every reason to hope that the students may soon have permission to enter the higher examinations in the Lahore University, the affiliation of the School being dependent on the accommodation for laboratories and the strength of its fully-qualified staff.

Testimonies that are constantly coming to hand prove that this important movement is being crowned with success. Two of the nurses sent recently to a Mission Hospital are found able to do all the evangelistic work, holding classes and having prayers for the servants, and in the Hospital (which they keep in beautiful order) one of them taking the Bible reading for the doctor, who is not as yet so fluent in Urdu.*

At present no such institution is established in China. Bnt although the difficulties are great and missionary effort in every direction is newer than in India, while necessarily British influence is wanting to strengthen philanthropic effort, the training of native women on medical lines by Missionary agencies is an established thing. Public opinion even in China has been created in favour of the medical profession for talented and enlightened women and self-supporting Chinese are taking up this department of work.

*Full particulars of the North India School of Medicine will be supplied by the Secretary, Miss M. W. Brown, 120 St. James' Road, West Croydon, Surrey.

Several Chinese lady doctors have completed a course of training and are practising professionally.

Eleven years ago a Chinese lady doctor appeared at Amoy, started a women's hospital, and showed the blessings that such a worker could diffuse. After passing through a medical course in the United States and winning honours over many of her fellow students, she came to Amoy in the care of her adopted father, a venerable American missionary.

It can never fail to excite interest that Chinese women are able, through education, to use their minds for the details of a study so long and so difficult to acquire as that of medicine and nursing.

Miss Mary Stone, M.D., a native of China, whose story is extremely interesting, has uttered the following weighty words which we cannot do better than quote *verbatim* :—"What scientific knowledge of medicine a few Chinese have acquired has been through the agency of Medical Missionaries, who, in addition to their practice, ranging annually from thousands to tens of thousands of patients, can scarcely be expected to find time or strength for much in the line of teaching. . . . . Nothing is convenient for a course of laboratory training in China. In a country where ancestors are worshipped, one does not wonder that dissection is interdicted. . . . In a country where women are not honoured, they are left to suffer untold miseries. In China there are women who would rather disease should run its course than call a man to treat them.

"As we cannot hope for enough foreign lady Missionaries to supply the needs of our women, or to train a sufficient number of Chinese women to be thoroughly qualified physicians, the only solution seems to be to send a number of Chinese women abroad to be educated, making them competent for independent work anywhere in China, even where foreigners cannot go. . . . To provide the means for any number of

Chinese girls to take such a course of study abroad, unless it be regarded as a legitimate field for Missionary effort, would require so much that I fear China will need to wait some generations yet for qualified medical women. . . . But do they (those trained in foreign countries) retain their connection with their own people, so that they are received in more intimate and more effective touch with the lives of the Chinese? A few items of personal experience may be pardoned here. Our reception by our people has been a source of surprise and gratification in more than one respect. . . . There has generally been a willingness to accept us and our work for what we could make manifest as true work. We are constantly brought in contact with great numbers of our countrywomen in a professional way, and all classes love to visit us at our Home, where we receive them and try in some way to speak a word or suggest an idea that will tell for Christian truth."

After the foregoing statements in our little book which have depicted in measure the woes of Chinese womanhood, we need not here emphasize the fact of the comfort which one of their own sisters as a doctor or nurse can impart. Anyone who understands Oriental life will take account of all this means, and fervently invoke blessing on those whom God is manifestly raising up to minister to their countrywomen.

Space does not allow of our dwelling longer on this extremely interesting and most important work—which in larger or smaller measure is being carried on in every one of the forty-four Hospitals and Dispensaries of our Society with equally blessed results. But may this slight sketch stir up much more definite prayer for trainers and trained, that our Eurasian, Indian, and Chinese sisters may be called and qualified by the Great Physician Himself in ever-increasing numbers to minister to multitudes between life and death.

* * * *

Our sketch of Women's Medical Mission work amongst women is finished. It is at best an imperfect outline of some only of the ministry that is being carried on by a noble army of healers that have gone forth into the battle which disease is waging in earth's darkest places.

Yet, compared with the vast area occupied by the foe, how few are the warriors! If 10,000 lady doctors went to India to-morrow, and another regiment of equal size were despatched to China, there is work —abundant, pressing work—for all in those two countries only.

But let us ever remember that the real remedy for which millions of our suffering sisters are waiting to-day is, not Western science, or a specific from the laboratory, or the miraculous skill of the operating room.

Their "open sore" in its deepest sense can never be healed by phial or lancet, or even tenderest human sympathy. It waits for the touch of Christ. The wounds and bruises of their sin-stained hearts can be mollified only by the balm of the Gospel. That name, which is "as ointment poured forth," must be heard and known and loved and trusted if their cry of pain is to cease. A redeeming God Himself must impart "health and cure." *Jehovah-rophi* is the unknown God, for a revelation of Whom the pain-worn, sin-sick women of the East wait.

And He waits to reveal Himself to them through those who give their feet to go, their eyes to see, their hearts to love, their hands to do, their time, their zeal, yea, themselves, to this Christ-like ministry of "pouring in oil and wine."

Christian woman, physician, surgeon, nurse, He waits for *you*.

Christian medical student, He waits for *you*.

Christian professional sisters the world over, He waits for *you*.

"The paths of pain are thine. Go forth
With patience, trust, and hope,
The sufferings of a sin-sick earth
Shall give thee ample scope.
That Good Physician liveth yet
Thy Friend and Guide to be;
The Healer by Gennesaret
Shall walk thy rounds with thee."

"God is no longer manifested in human form, going in and out among our sick ones. The hand of Christ is no longer laid on the fevered brow. It is for your hand to do that now and reduce the fever by all the means within your power. His touch of the sightless eyeballs does not to-day restore vision. He has commissioned you to do that with your cataract needle. The summer evenings, when the sick could be gathered at the door for the Master to heal, have sped away from the world's Capernaums; He is seeking to-day for representatives who shall go in Christ's stead and do His healing work, beseeching men to be reconciled to Him."

May no life of comfort and distinction loom so large that the Vision of Christ's beckoning hand shall not be seen. May His love—the only motive power strong enough to thrust forth to a life-service for His sake—constrain you to run on this sublimest and divinest errand.

For to you the promise holds good, "They shall lay hands on the sick and they shall recover." . . .

"SO THEY WENT EVERYWHERE, THE LORD WORKING WITH THEM, AND CONFIRMING THE WORD WITH SIGNS FOLLOWING."

LIST OF C.E.Z.M.S. MEDICAL WORKERS.

Fully-Qualified.

†Miss Fanny Butler	...	L.K.Q.C.P. & S. Ire. 1883
Miss E. Mitcheson	...	L.R.C.P. & S. Ed. 1883.
Miss C. Wheeler	...	M.D.Brux.,L.R.C.P.&S.Ed.,L.S.A. 1892
Miss A. G. Lillingston	..	L.R.C.P. & S. Ed. 1894.
☛Miss E. G. Adams	...	L.S.A. 1896.
Miss V. von Himpé	...	M.D. Brux., L.S.A. 1896.
Miss Holst	...	M.D. Brux., L.S.A. 1896.
Miss Vines	...	L.R.C.P. & S. Ed. 1896.
Miss M. Sharp	...	M.D. Brux., L.S.A. 1897.
Miss F. Cooper	...	L.S.A. 1898.
Miss M. Longmire	...	M.B.Ch.B. Glas. 1898.
Miss M. Pantin	...	L.S.A. 1899.
Miss K. Gregg	...	L.R.C.P. & S. Ed. 1900.
Miss E. A. B. Marks	...	L.R.C.P. & S. Ire. 1901.

Medically Trained.

Miss Hewlett. 1879.
Miss Coleman. 1881.
Miss F. Sharp. 1882.
Miss Reuther. 1885.
†Miss Compton. 1887.
Miss Werthmuller. 1887.
Miss Brook. 1888.
Miss Rainsford, 1888.
Miss Gordon. 1891.
Miss E. Dawe. 1892.
Miss Trench.* 1895.

† At rest. * At. St. Catherine's. ☛ Retired.

Native Workers trained at St. Catherine's, Amritsar.

Miss Abdullah. 1880.
Miss Kheroth Bose. 1884. (also in London).
Miss Basu. 1886.
Miss Phailbus. 1890.
Miss Agnes James. 1894.
Mrs. Pathinkar. 1895.
Miss M. Basu. 1895.
Miss G. Mulaim-ud-din. 1895.
Miss Foy. 1896.
Mrs. Sarah Peters. 1896.
Miss S. Mulaim-ud-din. 1897.

Native Workers Trained at Ludhiana and Elsewhere.

Miss S. Verana. 1900.
Miss R. Verana.
Miss Brierly. At Madras (?)
Elizabeth Jelal-ud-din. At Narowal.

Assistant Surgeons Trained in Madras.

Miss L. Beaumont. 1893.
Miss Lacey. 1897.

Trained Nurses.

Miss F. Swainson. 1882.
Miss Newman. 1883.
Miss Hobbs. 1887.
Miss F. Johnson. 1889.
Miss Graham. 1885.
Miss M. L. White. 1893.
Miss M. Barr. 1893.
Miss I. Chambers. 1898.
Miss Piggott. 1895.
Miss Wells.* 1895

* Retired.

The foregoing list is only approximately accurate, owing to lack of returns, and does not include Native Nurses.

MEDICAL MISSION WANTS.

Articles.	Measurements and Materials.	Remarks.
BEDDING.		
Pillow Covers ..	26 ins. by 18 ins. and 32 ins. by 24 ins. (Unbleached Calico.)	For India, not wanted in China.
Sheets	3 ft. by 2½ ft. and 7 ft. by 4½ft. (Unbleached Calico.)	,, ,, ,, ,, ,,
Draw Sheets ...	2 yds. by 1 yd. ... (Unbleached Calico.)	,, ,, ,, ,, ,,
Pillow Cases ...	26 ins. by 18 ins. ... (Unbleached Calico.)	,, ,, ,, ,, ,,
Blankets	7 ft. by 4 ft.	Coloured and well shrunk.
Quilts	6½ ft. by 4½ ft. Turkey red twill, or patchwork blue squares	For China. To be made bag-shaped.
FOR WARD USE.		
Towels (hand) ..	3 ft. by 2 ft. Huckaback	
,, (roller) ...	Roller towelling	
Dusters	.. ..	Coarse for ordinary use, and fine for instruments.
BANDAGES.		
Roller Bandages...	3-5 ins. wide, 6-8 yds. long. Unbleached calico, flannel, domette	Soft unbleached calico. The common kind is too hard and stiff.
Triangular ..	1 square yard for two ...	A square yard of the material to be cut in half, diagonally, to form two bandages. The raw edges to be hemmed.
T Bandages ...	Upright part, 25 ins. by 5½ ins.; cross part, 28 ins. by 2½ins.	The raw edges need not be hemmed
Eye Bandages ...	8 in. long, 2½ in. broad	Knitted in soft white knitting cotton, stitch—plain, or 3-plain, 3-purl Either for one or both eyes. Shaped, and with good length of tape string at each end.

Articles.	Measurements and Materials.	Remarks.
Operating Aprons ...	Linen or jaconet macintosh	With bibs and shoulder straps
Sleeves	White calico, 16 ins. long	To tie at wrist and elbow.
FOR DRESSINGS		
Muslin Bags ...	8 ins. by 8 ins., 8 ins. by 6 ins., 6 ins. by 6 ins. Butter muslin ...	One side left open.
Old Linen ...	... ...	*Ad lib.* To be boiled before sent.
Old Flannel		
Splints	Plain flat splits, all sizes	Easily made by boys.
Eye Shades... ...	Single, 4½ ins. long; double, 7 ins.	Made of card covered with green or black sateen, semi-lunar in shape, with tapes 12 ins. to 18 ins. long.
Slings		
Knee Caps	... ...	Knitted.
Spectacles	... ...	Old ones very useful.
Powder Papers ...	5 ins. by 3½ ins., and 3 ins. by 2 ins.	
Pardahs (Curtains)...	2 yds. long, 3 yds. wide	Plain hem top and bottom, large enough at the top to let in a thick stick.
Aprons for Nurses...	.. ..	Strong ones; long.
Jackets	Calico, flannel, and flannelette	
Petticoats and Skirts	Calico, flannel, and flannelette	Coloured.
Pneumonia Jackets		Royal Free Hospital pattern.
Babies' Garments ...	Soft muslin and flannel	
Binders	3 yds. by 10 ins. Strong white drill	
Children's Flannel Combinations	... ...	Made to unfasten at waist.

Articles.	Measurements and Materials.	Remarks.
Night Gowns	... ...	Strong white or unbleached calico.
Night Socks		
Toys	... ...	Small penny ones; and dolls; but not wax ones.
Cards	... ...	Mrs. Grimké's.
Bandage Winders ...	... ...	Can be obtained from Messrs. Bailey & Sons, 38 Oxford Street, London. Price 3s. carriage paid.
Kindergarten Toys	... ...	
Scripture Pictures ...	For Wall Decoration ...	*Without* the figure of our Lord,
Surgical Instruments		
Medicines	... ...	Burroughs & Wellcome's tabloid form.
Galvanic Batteries...		
Magic Lanterns ...	... ...	Slides representing the "Story of the heart" and "Pilgrims' Progress," &c.

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MEDICAL EQUIPMENT

READERS of this book who may desire further information as to a Medical Course preparatory to service in the foreign field are earnestly urged to consider the importance of obtaining a University degree or a diploma; for the responsibilities which have to be assumed by the Medical Missionary in the foreign field are far heavier than those which fall upon the general practitioner at home, since she must be a specialist in each branch, medical and surgical, and often is compelled to treat alone, without the possibility of consultation, the most critical and urgent cases. The Medical Missionary must be every inch a missionary, but every inch a doctor also. Consequently the most thorough training obtainable should be aimed at; for to be well qualified is more important for one who is going abroad than for one who intends to practise at home. A spiritual, Biblical, mental, scientific, and up-to-date equipment is absolutely essential.

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